

<b>Case Number:</b>	CM15-0061881		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male, who sustained an industrial injury on September 5, 2014. He has reported upper and lower back pain. His diagnoses include lumbar strain and radiculitis. He has been treated with chiropractic/physical therapy, acupuncture, electrodiagnostic studies, functional capacity evaluation (FCE), work modifications, ice/heat, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On December 3, 2014, and MRI of the lumbar spine was performed. On January 27, 2015, the injured worker complains of low back pain radiating to the bilateral legs. He was not working currently. The physical exam revealed a normal gait, decreased lumbar range of motion; negative sitting and supine straight leg raise testing, decreased sensation in the dorsolateral aspect of the bilateral feet, and decreased reflexes in the lower extremities. The treatment plan includes an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 304.

**Decision rationale:** This 33 year old male has complained of low back pain since date of injury 9/5/14. He has been treated with chiropractic therapy, physical therapy, acupuncture and medications. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.