

<b>Case Number:</b>	CM15-0084676		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This 55 year old male sustained an industrial injury on 2/4/03. He subsequently reported back pain. Diagnoses include lumbosacral radiculitis, lumbago, lumbosacral sprain and spondylosis. Treatments to date include x-ray and MRI testing, surgery, acupuncture, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain which is causing him to fall. Upon examination, there are 4 plus of 5 motor strength of the iliopsoas, hip adductors, quadriceps and hamstrings all with pain. DTR's are 2 plus and symmetric, tone is normal, gait is antalgic. A request for MRI of the lumbar spine was made by the treating physician.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI-Lumbar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The physician was concerned about an L5 impingement but the clinical findings did not indicate L5 findings. On 3/4/15, the physician indicated "will hold off on MRI." The request for an MRI of the lumbar spine is not medically necessary.