

<b>Case Number:</b>	CM15-0086610		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male who sustained an industrial injury on September 1, 2009. Previous treatment includes medications and home exercise program. Currently the injured worker complains of low back pain. He reports associated stiffness and muscle spasms of the paravertebral muscles and also radicular bilateral leg pain. On examination, he has somatic dysfunction of the lumbar musculoskeletal system. Diagnoses associated with the request include low back pain. The treatment plan includes home exercise program, continued medications, and osteopathic manipulative treatment.

### 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 for Chronic Low Back Pain as outpatient:** 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) Work Loss Data Institute, [www.odg-twc.com](http://www.odg-twc.com); Section: low Back- Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Lumbar Chapter MRI.

**Decision rationale:** The patient has chronic low back pain and pain down the right lower extremity. The current request is for lumbar MRI. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The treating physician in this case has not presented any evidence of any progressive neurological deficit or red flags. The attending physician notes a complaint of pain in the lower extremity, but does not corroborate radiculopathy by physical examination or electro diagnostic studies. There is no indication of diminished reflex, decreased muscle strength, or even dermatomal pain below the knee. The history and physical examination appear more consistent with mechanical low back pain and pain referral into the lower extremity. In this case, the medical records do not establish medical necessity for an MRI of the lumbar spine. Recommendation is not medically necessary.