

<b>Case Number:</b>	CM13-0022157		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 Patient is a 57-year-old male with history of back pain since 2009 secondary to a possible work-related injury. According to the available medical records, the patient has been treated with hydrocodone as well as oxycodone and received 2 epidural injections. Additionally, there is history of using cannabis. An MRI scan of the lumbar spine in 2010 showed L4-5 and L5-S1 disc protrusions. He continues to experience back pain but there is no clear documentation regarding any increased lower extremity pain, paresthesia (numbness or tingling) or weakness. There is no definite history suggesting bladder or bowel dysfunction. Neurological examination conducted by a specialist does not reveal focal weakness or sensory loss in the lower extremities

### 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 Page(s): 298-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 117-180.

**Decision rationale:** History or the physical examination does not reveal neurological or radicular deficits. There are no definite red flags, mostly axial back pain. ACEOM/MTUS

guidelines presented in Chapter 8, Page 177-180 argue against imaging studies such as MRI in patients with no neurological deficits, radicular features or red flags.