

<b>Case Number:</b>	CM14-0121216		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on November 8, 2007. The mechanism of injury was noted as a fall from a ladder. The most recent progress note, dated June 21, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a slightly antalgic gait, paraspinous muscle spasm of the lower lumbar region with a tenderness to palpation, a slight reduction in lumbar spine range of motion and deep tendon reflexes to be 2+ intact bilaterally. A slight decrease in sensation was noted in a global pattern. Motor function was noted to be 5/5. Diagnostic imaging studies objectified disc changes noted on MRI. Previous treatment included electrodiagnostic studies, physical therapy and multiple medications. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on July 23, 2014.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-MRI's.

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

**Decision rationale:** The records reflect that an MRI studies of the lumbar spine had been completed. The current physical examination did not demonstrate any progressive neurological efforts. Therefore, when noting the pathology identified with the previous MRI studies, the findings were not unequivocal, and there was no progressive deficit. There was no clear clinical indication to repeat the study. As such, the medical necessity cannot be established.