

<b>Case Number:</b>	CM14-0142004		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52 year old female with an injury date of 04/22/14. The 05/19/14 report states the patient presents with non-radiating lower back pain that has not improved significantly. Pain was rated 9/10 on the 04/23/14 report. The patient is currently working with restrictions. Examination reveals range of motion of the back is restricted. The 06/24/14 X-ray of the lumbar spine provides an impression of minimal disc narrowing L3-L4, a minor scoliosis. The patient's diagnosis is sprain/strain lumbar. The utilization review being challenged is dated 08/08/14. Reports were provided from 04/22/14 to 06/24/14.

### 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, MRIs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs Topic

**Decision rationale:** The patient presents with non-radiating lower back pain rated 9/10. The treater requests for MRI of the lumbar spine. ODG guidelines Low Back Chapter, MRIs Topic, state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. The treater does not discuss the reason for the request in the reports provided. No prior MRI of the lumbar spine was provided or discussed. In this case, examination does not show any neurologic findings and the patient does not present with any radicular symptoms to be suspicious about radiculopathy. There are no red flags such as suspicion for infection, tumor, dislocation, fracture, cauda equina, etc. The request is not medically necessary and appropriate.