

<b>Case Number:</b>	CM14-0092062		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Occupational Medicine 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:

This patient is a 29 year old male who developed persistent pain subsequent to a lifting injury on 2/27/14. He has thoracic pain which is described to be intermittent and moderate in nature. No radiculopathic component is noted. He has constant low back pain rated at VAS 6/10. The pain increases with activity. No radiculopathic changes are documented as the neuro-exam is normal. No "red flag" conditions such as infection or tumor risks are documented. Prior x-ray results are not reported in the records send for review. The MRI is requested to r/o disc pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI lumbar spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM Guidelines do not recommend MRI imaging in the absence of neurological changes and/or a reasonable likelihood of "red flag conditions". These conditions

have not been met with this patient and there are no unusual circumstances to justify an exception to Guidelines. The requested lumbar MRI is not medically necessary.