

<b>Case Number:</b>	CM14-0219011		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 33 year old male sustained work related industrial injuries on December 13, 2010. The mechanism of injury was not described. The injured worker subsequently complained of lower back pain, neck, bilateral shoulder and bilateral legs. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. Per treating provider report dated October 23, 2014, objective findings revealed no new motor or sensory deficits and positive straight leg raises. Lumbar exam revealed decreased range of motion and hip examination was negative. Provider noted that the injured worker had disc herniation at L4-L5, according to the MRI results from February 2014 and that a repeat examination will be needed at some point. According to the treating provider report from November 20, 2014, the injured worker was diagnosed with right shoulder rotator cuff partial or complete tear. The treating physician prescribed services for MRI of the lumbar spine with gadolinium now under review. On December 1, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the lumbar spine with gadolinium requested on November 25, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the lumbar spine with gadolinium, noting the lack of sufficient clinical documentation to support medical necessity, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 304.

**Decision rationale:** Per the documentation the claimant had an MRI of the LS spine in 2/2014 which demonstrated a disc herniation at L4-L5. He has had persistent low back pain. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.