

<b>Case Number:</b>	CM14-0080611		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/04/1971
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 78 year old female, who sustained an industrial injury on 03/04/1971. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and x-rays as well as T12-S1 fusion. Currently, the injured worker complains of increased lower thoracic/upper lumbar spine pain, continued restlessness in the lower extremities, and right lower extremity pain. The diagnoses include lumbar degenerative disc disease, lumbar/thoracic instability, and lumbar/thoracic stenosis. The request for authorization included MRI of the lumbar spine. The 3/17/14 progress note states that x-rays show evidence of a prior T12-S1 fusion. The progress note states that an MRU is recommended to determine the origin of right leg pain and restlessness in both legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Magnetic Resonance Imaging (MRI) Of The Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/LowBack; Table 2 Summary of Recommendations, Low Back Disorders>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. There is no documentation how an MRI would alter this treatment plan in this patient that has had a prior extensive lumbar fusion. The request for a lumbar MRI is not medically necessary.