

<b>Case Number:</b>	CM15-0029044		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female who sustained an industrial injury on 06/25/14. Initial complaints include back pain and upper back injury. Initial diagnoses include contusion thoracic area, left forearm; and left distal thigh hematoma. Treatments to date include medications and physical therapy. Current complaints include continuing back pain radiating down her left leg. Current diagnoses include sprain/strain of the neck and lumbar spine, and contusion of shoulder region. In a progress note dated 01/27/15, the treating provider reports the plan of care as a MRI. The requested treatment is MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine without contrast:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, MRI.

**Decision rationale:** According to the latest attending physician report, the patient is having increasing low back pain and associated left lower extremity pain. The current request is for MRI of the lumbar spine without contrast. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter recommends MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The attending physician in this case has not presented any evidence of any progressive neurological deficit or red flags. Physical examination fails to document nerve tension signs or a dermatomal loss of sensation or motor weakness. Therefore, the complaints and physical exam findings do not establish medical necessity for the request. The recommendation is for denial.