

<b>Case Number:</b>	CM15-0061529		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/08/2007
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania, Ohio, California  
 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 56 year old female, who sustained an industrial injury on 03/08/2007 low back pain that radiated to the bilateral lower extremities, psychiatric complaint and stomach complaints as results of work related continuous trauma. The diagnoses have included disc protrusion at the L1-L2, L3-L4 and L4-L5 levels. On provider visit dated 07/21/2014 the injured worker has reported lower back pain. On examination of the lumbar spine revealed positive straight leg raise and guarding noted. The injured worker was noted to use a single point cane to assist with ambulation. Treatment to date has included laboratory studies, pain medication, sleep studies, and injections. The provider requested lumbar MRI.

### 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, Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** MTUS/ACOEM recommends MRI L spine if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI is not apparent. This request is not medically necessary.