

<b>Case Number:</b>	CM15-0064311		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old male, who sustained an industrial/work injury on 9/25/14. He reported initial complaints of back pain. The injured worker was diagnosed as having low back pain, lumbar spine spondylosis. Treatment to date has included medication and other conservative care. MRI results were reported on 1/19/15. Currently, the injured worker complains of back pain that lessened with rest, was intermittent, and worsened with lifting. Pain was rated 4/10. Per the primary physician's progress report (PR-2) of 2/16/15, there was numbness and tingling pain 20% of the time. There was also anxiety and stress. Range of motion was decreased with lumbar extension and lateral motion. The requested treatments include Lumbar MRI stand up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI stand up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back (updated 03/03/15) (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** According to the Official Disability Guidelines, a standing MRI is not recommended over conventional MRIs. Although these weight-bearing MRIs have shown a greater prevalence of disc bulging with the spine loaded, the information gained in addition to that from standard MRIs has limited value in decision making. Lumbar MRI stand up is not medically necessary.