

<b>Case Number:</b>	CM15-0068643		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Arizona, Texas  
 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:

The injured worker is a 54 year old male, who sustained an industrial injury on July 23, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic low back pain with a lumbar 2 compression, disc desiccation with disk height loss at lumbar 4-sacral 1, and annular tear and posterior disk protrusions at lumbar 4-sacral 1. Diagnostics to date has included an MRI in 2012. Treatment to date has included work modifications and medications including pain and non-steroidal anti-inflammatory. On February 18, 2015, the injured worker complains of ongoing low back pain with significant decreased range of motion. He has weaned down his opioid medication and wants to stop it. The physical exam revealed significant decreased range of motion of the lumbar spine. The treatment plan includes stopping his opioid medication. On February 24, 2015, the treating physician noted the injured worker was seeing a spine surgeon. The spine surgeon was asking for an updated MRI of the lumbar spine. The requested treatment is an updated 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:

**Updated MRI (magnetic resonance imaging) Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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

**Decision rationale:** According to the ACOEM criteria for ordering an MRI for lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. An MRI of the lumbar spine is not medically necessary.