

<b>Case Number:</b>	CM15-0071619		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old male, who sustained an industrial injury on 10/5/2011. The current diagnosis is back pain. According to the progress report dated 3/5/2015, the injured worker complains of lumbar spine pain with radiation to the left lower extremity. The current medications are Ibuprofen. Treatment to date has included medication management, X-rays, physical therapy, ice/heat, stretching exercises, electrodiagnostic testing, TENS unit, chiropractic, acupuncture, and epidural steroid injection. The plan of care includes 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 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

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

**Decision rationale:** This 53 year old male has complained of low back pain since date of injury 10/5/11. He has been treated with TENS unit, acupuncture, epidural steroid injection, chiropractic therapy and medications. The current request is for MRI of the lumbar spine. Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is no documentation of an upcoming planned surgical procedure and there is no objective evidence of specific nerve compromise. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.