

<b>Case Number:</b>	CM15-0077803		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 60 year old male who sustained an industrial injury on 01/08/2007. Diagnoses include lumbosacral sprain/strain injury, cervical disc injury, history of cervical fusion at level C3, C4, C5, and C6 with surgery done in 2007, lumbosacral disc injury with history of laminectomy at level L4-L5 in March of 2014, failed bank and neck pain syndrome, and lumbosacral radiculopathy. Treatment to date has included diagnostic studies, medications, Functional Restoration Program evaluation, acupuncture, physical therapy, and injections. A physician progress note dated 03/19/2015 documents the injured worker complains of cervical spine pain, cervical paraspinous tenderness to palpation with myofascial tightness. He has painful range of motion. In the lumbar spine there is some tenderness to palpation with painful range of motion. He ambulates with a slightly limping gait and uses a cane for balance and ambulation. Treatment requested is for Magnetic Resonance Imaging of the lumbosacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbosacral spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** Guidelines state that imaging may be warranted if there are objective findings of nerve compromise in patients who do not respond to treatment and who would consider surgery an option and who have had symptoms for over one month. In this case, the result of a prior MRI was not documented, there was no evidence of interim injury, trauma or nerve dysfunction, or other red flag to warrant imaging. The request for MRI lumbar spine is not medically appropriate and necessary.