

<b>Case Number:</b>	CM15-0079731		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 54 year old female, who sustained an industrial injury on 9/11/2012, due to repetitive lifting. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included conservative measures. Magnetic resonance imaging of the lumbar spine (5/7/12) was referenced. Currently, the injured worker complains of low back pain with radiation to both legs, noting average pain level 6/10. Benefit medications included Vicodin, Flexaril, and Soma. Magnetic resonance imaging of the lumbar spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Guidelines state that MRI of the lumbar spine may be appropriate in cases of objective evidence supporting progression of a neurologic deficit involving a particular nerve level. In this case, the patient complained of diminished sensation at bilateral L3-S1 levels and there was no objective evidence to support progression of a neurologic deficit to warrant an MRI. The request for lumbar MRI was not medically appropriate and necessary.