

<b>Case Number:</b>	CM15-0096211		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 30 year old male, who sustained an industrial injury on 11/08/2012. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar degenerative disc disease, lumbar disc displacement with radiculopathy, lumbar myalgia, lumbar radiculopathy, lumbar spine sprain/strain, cervical spine sprain/strain, cervical radiculopathy, thoracic sprain/strain, shoulder rotator cuff syndrome, shoulder sprain/strain, and insomnia. Treatment and diagnostics to date has included lumbar spine MRI in 6/12/2013 that showed L3-4 and L4-L5 disc bulge and L5-S1 with disc bulge with neural foraminal narrowing. Pt has received imaging, physical therapy, invasive procedures and medications. Provided documentation by requesting provider involves a hand written progress note with no documented physical exam. In a progress note dated 04/21/2015, the injured worker presented with complaints of low back pain that radiates to his lower extremities. The treating physician reported requesting authorization for 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 (magnetic resonance imaging) Lumbar Spine, without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints and there is no appropriate physical exam or rationale for requested imaging. There is no noted new neurologic dysfunction. Patient has had an MRI already. There is no justification documented for why a new MRI of lumbar spine was needed. Poor documentation does not support MRI of lumbar spine. It is not medically necessary.