

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM17-0020243 |                              |            |
| <b>Date Assigned:</b> | 02/06/2017   | <b>Date of Injury:</b>       | 10/11/2016 |
| <b>Decision Date:</b> | 02/28/2017   | <b>UR Denial Date:</b>       | 01/24/2017 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/31/2017 |

### 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, California

Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 10-11-2016. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain with back strain, cervical strain, and chest pain due to chest contusion. Medical records, dated 10-11-2016 to 01-13-2017, indicate ongoing low back pain. Pain levels were not rated on a visual analog scale. Records also indicate no changes in complaints or condition. Per the treating physician's progress report, the IW has been placed on temporary total disability. The physical exam of the back, dated 12-20-2016, revealed diffuse tenderness to palpation throughout the lumbar spine with some limited range of motion. Relevant treatments have included: physical therapy, heat, ice, work restrictions, and medications. The request for authorization, received on 01-13-2017, shows that the following test was requested: a MRI of the lumbar spine. The original utilization review, dated 01-23-2017, non-certified the request for a 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:

**Lumbar MRI scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines- low back chapter, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. There were no neurological abnormalities in the lower extremities. The request for an MRI of the lumbar spine is not medically necessary.