

<b>Case Number:</b>	CM13-0017555		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male who reported an injury on 07/01/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/27/2013 revealed diagnoses of discogenic disease of the low back with L5 root radiculitis. The injured worker reported low back pain which he described as occasional soreness and aching that was intermittent and varied in intensity. He reported low back pain that was tight and stiff that radiated into his bilateral hips, left greater than right. The injured worker reported lower back weakness with limping and unsteadiness when ambulating. The injured worker reported his pain was aggravated by lifting legs, bending, stooping, twisting at the waist, overhead reaching, getting up from a seated position or prone position, getting into and out of car, pushing, pulling, lifting, prolonged standing, prolonged walking, and ascending and descending stairs. The injured worker reported the pain was partially relieved by adjusting his positions and taking hot showers. On physical examination of the lumbar spine, the patient was flat footed, arching to the right and left. The patient stood with most of his weight on the right lower extremity. There was tenderness to palpation over the posterior superior iliac spine, right posterior thigh and calf, bilateral iliolumbar angles, greater trochanter, and bilateral iliotibial band. There was 7 cm between medial condyle of the knees with malleolus together. The injured worker had percussion of the lower lumbar segments that did elicit report of discomfort at L4-5 and L5-S1 bilaterally. The injured worker reported low back pain with all extremes of lumbar range of motion. When standing erect, the injured worker's finger tips were 69 cm from the floor. The injured worker's lumbar range of motion was right and left lateral flexion of 10 degrees, and right and left lateral torsion of 10 degrees. The range of motion of the low back with extension was neutral. The injured worker was unable to heel and toe walk. The injured worker was unable to perform a squat. Heel to buttock test was positive on the left and negative on the right. The sitting straight

leg raise was positive for low back pain at -10 degrees and negative at 0 degrees on the right. Cram's test was positive bilaterally, greater on the left. The supine straight leg raise was positive for low back. Faber and reverse Faber tests were positive. The lumbar spine x-rays revealed narrowing at the L3-4 with spurring and narrowing at L4-5. The injured worker's prior treatments included medication management. The provider submitted a request for MRI of the lumbar spine. A request for authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for MRI of the lumbar spine is non-certified. The American College of Occupational and Environmental Medicine recommends imaging studies of the lumbar spine with unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. There was a lack of neurological deficits pertaining to the lumbar spine in the documentation submitted to support the necessity of the MRI at this time. In addition, there was a lack of documentation of conservative therapy such as NSAIDs and physical therapy. Moreover, there are no red flags on examination. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for MRI of the lumbar spine is non-certified.