

<b>Case Number:</b>	CM13-0017629		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 & 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 26-year-old male who reported an injury on 06/06/2013. The mechanism of injury was not provided. On 07/02/2013, the injured worker presented with an absence of low back pain, radicular pain, and numbness, and is requesting release. The injured worker stated that he is working without difficulty and tolerating medication well. Upon examination of the lumbar spine, the range of motion values were flexion greater than 80 degrees, 30 degrees of extension, 30 degrees of side bending bilaterally, 45 degrees of bilateral rotation, no tenderness to palpation, and negative straight leg raise bilaterally. The diagnosis was lumbar strain. No prior therapy was submitted. The provider recommended a magnetic resonance imaging the lumbar spine. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

### 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 Page(s): 303.

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

**Decision rationale:** The request for magnetic resonance imaging of the lumbar spine is non-certified. The California MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery as an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicate tissue insult of non-certified impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In the most recent clinical note, the injured worker indicated that he wanted to be released to work and denied any low back radicular pain or numbness. There is no objective functional deficits revealed on physical exam. There is no physiologic evidence of nerve dysfunction or nerve compromise that would require the need for medical resonance imaging. The provider's rationale was not provided in the request as submitted. As such, the request is non-certified.