

<b>Case Number:</b>	CM13-0020084		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery 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 physician 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.

### 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 patient is a 46 year old male who reported an injury on 04/06/2013. The mechanism of injury was lifting a 90 pound bin that slid down and hit the patient's right groin. The most recent clinical note is a herniology report dated 08/06/2013. The report revealed the patient had previously undergone left inguinal hernia repair 10 years prior. The patient had right groin bulge and pain for 4 months. The pain is aggravated by bending, movement, pulling, lifting, coughing, and pushing. Progress report dated 08/02/2013 shows complaints of constant lumbar spine pain 8/10, and hernia pain 10/10. Decreased range of motion to lumbar with pain was also reported. The patient was ordered acupuncture and chiropractic treatment once a week. No medications were ordered at this time.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The guidelines state that unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant

imaging in patients who do not respond to treatment and who would consider surgery an option. The most recent examination of the patient did not reveal any neurological deficits referable to the lumbar spine to support imaging at this time. The documentation submitted does not support that the patient has been provided conservative care addressing his lumbar spine to date. As such, the request for MRI of the lumbar spine is not medically necessary or appropriate.