

<b>Case Number:</b>	CM13-0026207		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Occupational Medicine 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. 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:

In a November 27, 2013 progress note, it is stated that the applicant's pain medications and creams are apparently working. The applicant is using Norco. The applicant is also using a cane to move about and has a guarded gait. He is asked to remain off of work, on total temporary disability. An earlier note of September 10, 2013 indicates tenderness about the knee. Bilateral knee range of motion is decreased and painful. Lumbar spasm and tenderness is also appreciated with diminished lumbar range of motion. The applicant is asked to pursue an updated lumbar MRI in preparation for an orthopedic referral and to discuss invasive treatment options. An earlier note of August 28, 2013 is notable for comments that the applicant is reporting excruciating, 9/10 low back pain, is awaiting surgery, is using three to four Norco a day, and has a slow guarded gait requiring usage of a cane. An earlier note of August 6, 2013 is notable for comments that the applicant has positive straight leg raising bilaterally and does have low back pain superimposed on bilateral knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar without Contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** As noted in the ACOEM Guidelines, unequivocal objective findings which have identified specific neurologic compromise are sufficient evidence to warrant imaging studies in those applicants who did not respond to treatment and who would consider surgery an option. The documentation on file indicates a pattern of progressively worsening and severe low back pain, positive straight leg raising, and possible radiation of low back pain to the knees, etc. The applicant states that he would consider a surgical remedy were it offered to him. One of the treatment providers, a chiropractor, stated that MRI imaging is being sought to consider invasive treatment options. Finally, the MRI itself did reveal evidence of fairly large disk protrusions and bulges, including one as large as 6 mm. Thus, the request for MRI Lumbar without contrasts is medically necessary and appropriate