

<b>Case Number:</b>	CM13-0028532		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 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 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 applicant is a [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; and work restrictions. In a Utilization Review Report of August 29, 2013, the claims administrator denied a request for lumbar MRI imaging. The principal basis for the denial was the lack or failure of conservative treatment. The applicant's attorney subsequently appealed. A clinical progress note of August 26, 2013 is notable for comments that the applicant has not improved significantly. The applicant was off of work. The applicant had only begun chiropractic manipulative therapy and had only had one session of treatment up to that point in time. The applicant's BMI is 28. Limited lumbar range of motion was noted with no weakness about the lower extremities. A normal gait was appreciated. The applicant had normal heel and toe ambulation and intact sensorium with positive straight leg rising. The applicant was asked to continue chiropractic manipulative therapy, employ Motrin for pain relief, and obtain a lumbar MRI to rule out a herniated nuclear pulposus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBOSACRAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 12, page 304, relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion, because of the high incidence of false-positive tests associated with spine MRI imaging as well as the possibility of identifying a finding which is present before symptoms began and therefore has no temporal association with symptoms. As further noted by the ACOEM Guidelines, imaging should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was no mention of any possible red flag diagnosis. The applicant was described as possessed of well-preserved lower extremity neurologic function, a normal gait, normal lower extremity sensorium, etc. The applicant was not, in fact, actively considering or contemplating surgery. The applicant had only had one session of chiropractic manipulative therapy up through the date of the request. For all of the stated reasons, then, the request is not medically necessary and appropriate.