MAXIMUS Federal Services

| Case Number: | CM13-0031542 | | |
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| Date Assigned: | 12/04/2013 | Date of Injury: | 05/25/2013 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

## 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 22-year-old female who reported an injury on 05/25/2013. The mechanism of injury was a slip and fall. The clinical documentation of 07/26/2013 revealed that the patient had complaints of severe low pain in the back. The patient's diagnoses were noted to include sprain of the lumbosacral region, contusion of the sacral region and a contusion of the left hip. The treatment included physical therapy. The physician opined that in spite of the use of medications in physical therapy, the patient had pain and should have an MRI to rule out disc involvement. The patient's physical examination revealed a straight leg raise at 15 degrees with pain bilaterally. The plan was for an MRI.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR 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): 303-305.

**Decision rationale:** The ACOEM Guidelines indicate that there should be documentation of unequivocal objective findings that identify specific nerve compromise on the neurologic

examination to warrant further imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review indicated that the patient had pain. It indicated that the patient had a straight leg raise that produced pain. However, there was a lack of documentation of the conservative care that was provided. There was a lack of documentation indicating that the patient had unequivocal objective findings upon examination that identified specific nerve compromise. Given the above, the request for a lumbar MRI is not medically necessary