

<b>Case Number:</b>	CM13-0041245		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Family Practice 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 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:

The patient is a 45-year-old male who reported an injury on 11/18/2012. The mechanism of injury was stated to be that the patient was moving an over 300 pound patient and felt something give out in his back. The patient was noted to have an MRI in 01/2013, and it was indicated that prior to the MRI, the patient did not have radiating leg pain down to the ankle. The MRI in January, per the documentation, indicated that the MRI was unremarkable for significant herniation, lateral recess stenosis or neural foraminal encroachment. The patient's diagnosis was noted to be left sacroiliitis and questionable new onset of left lumbar radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 9th edition (web).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Official Disability Guidelines), Low Back Chapter, MRI

**Decision rationale:** The Official Disability Guidelines recommend a repeat MRI for patients with a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated that the patient had an MRI in 01/2013; there was no degenerative disc disease. However, per the documentation dated 01/24/2013, the patient was noted to have persistent back pain with left leg radicular syndrome. The office note dated 08/19/2013 indicated that the patient was progressively getting worse. The physical examination revealed that the patient was noted to have marked tenderness of the left SI joint, consistent with sacroiliitis, and a moderate straight leg raise on the left, causing pain down the leg. There was a lack of documentation indicating that the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for 1 MRI of the lumbar spine is not medically necessary.