

<b>Case Number:</b>	CM13-0045447		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in New York and 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 41-year-old female who reported an injury on 09/03/2013. The injury was noted to have occurred when the patient was climbing stairs with wet linen on her shoulders, she lost her balance, and had to grab the handrail to avoid falling off the stairs, causing her to bend backwards. Her symptoms include lower back pain with radiation down the left leg to the calf. Her objective findings were noted to include normal deep tendon reflexes, sensation, and motor strength to her bilateral lower extremities. She was also noted to have decreased range of motion in the lumbar spine and tenderness to palpation of the bilateral L1 through L5 paraspinal muscles, sacroiliac joints, and spinous processes. Her diagnoses include lumbago, lumbar radiculitis, and lumbar sprain/strain. It was noted that the patient had not had treatment since 10/2012 and a request was made for chiropractic treatment, physical therapy, and an MRI of the lumbar spine.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies for patients who have not responded to conservative treatment and who would consider surgery an option. The clinical information submitted for review failed to show evidence of neurological deficits related to the lumbar spine. Additionally, it was noted that the patient had not had recent conservative treatment and a recommendation had just been made for chiropractic care and physical therapy. Therefore, it is unknown how the patient progressed with this recommended treatment. Therefore, the request for an MRI of the lumbar spine is not supported by evidence based guidelines at this time. As such, the request is non-certified.