

<b>Case Number:</b>	CM13-0046570		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 injured worker is a 55-year-old female who reported an injury on 01/25/2013. The mechanism of injury was the injured worker went to sit in a chair and it rolled and she landed on her right side. The note dated 10/15/2013 noted the injured worker had complaints of pain in the lower back more than in the lower extremities, pain along the lumbar region, groin and buttock area. The injured worker rated her pain at 4/10 to 7/10. The neurologic exam revealed no muscle weakness or paresthesia. The injured worker was noted to have satisfactory posture and gait without list, tilt or limp. Sensation was intact to light and deep touch, to vibration, proprioception and stereognosis. Deep tendon reflexes were normal without clonus. Lumbar spine range of motion was diminished in forward flexion of 45 degrees, extension was satisfactory. Increased muscle tension affected paraspinal region of lumbar area to palpation. Sacroiliac joints were non-tender to palpation. Patrick's sign was negative. The straight leg raise test was negative bilaterally in the supine and in the seated position. The nerve tension sign was negative. An unofficial x-ray of the lower spine dated 09/19/2013 revealed no acute fracture or subluxation; mild L5-S1 facet disease, intervertebral disc spaces preserved; normal lordosis maintained; sacroiliac joint symmetrical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12, PAGE 303-305

**Decision rationale:** The request for an MRI of the lumbar spine is non-certified. The California MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When neurological examination is less clear; however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant; the selection of imaging test to define a potential cause. The records submitted for review indicated the injured worker had a previous lumbar spine MRI in 2002 for previous injury. However, the records provided for review did not indicate the injured worker had an MRI of the lumbar spine since the date of injury 01/25/2013. However, the records submitted for review failed to include documentation of significant neurological deficits such as decreased sensation, decreased muscle strength or decreased deep tendon reflexes to support an MRI of the lumbar spine. Therefore, the request is non-certified.