

<b>Case Number:</b>	CM13-0051278		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 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 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 employee sustained a back injury on 5/13/13 while pushing a trolley at work. Examination findings noted that there was tenderness over the paraspinal muscles and restricted range of motion. No neurological abnormalities were noted. Muscle relaxants were given to manage the pain. An x-ray of the lumbar spine on 5/14/13 indicated no fracture/dislocation and the disc spaces were preserved. On 9/5/13, limited leg raise was noted on the left side. An MRI was ordered of the lumbar spine along with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 304.

**Decision rationale:** According to CA MTUS guidelines, an MRI is not indicated for a lumbosacral strain. If a physiological test suggests tissue insult or nerve impairment, then an MRI may be considered. An MRI is appropriate for prior back surgery patients or those with red flags indicators such as cancer, infection or cauda equina. In this case, there are no red flag or

examination findings consistent with neurological sequelae from a leg raise such as neuropathy, numbness, etc. Furthermore, the x-ray showed well-maintained disc spaces. As such, the requested MRI of the lumbar spine is not medically necessary and appropriate.