

<b>Case Number:</b>	CM13-0051564		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Internal Medicine, Pulmonary Diseases 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 patient is a 67-year-old male who reported an injury on 03/14/2011. The injury was noted to have occurred as a result of repetitive drilling. The patient's diagnoses include lumbar spine myoligamentous sprain/strain. His symptoms include low back pain. His physical examination findings include tenderness to palpation of the lumbar paravertebral muscles, as well as normal motor strength, reflexes, and sensation to the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 OF 2 OUTPATIENT MRI OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to California MTUS/ACOEM Guidelines, unequivocal objective findings identifying specific nerve compromise on physical examination are sufficient evidence to warrant imaging in patients who do not respond to conservative treatment; however, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained prior to obtaining an

imaging study. The clinical information submitted for review failed to provide evidence of an adequate course of conservative treatment for the patient's lumbar spine. In addition, the patient was noted to complain of low back pain; however, his symptoms and his most recent clinical notes did not indicate that he described radiating pain into lower extremities. Further, the patient's physical examination findings failed to include any evidence of findings consistent with radiculopathy such as motor strength or sensation dysfunction or deficits. In the absence of objective findings indentifying specific nerve compromise no physical examination and as the patient has not been clearly shown to have failed an adequate course of conservative treatment, including physical therapy, the requested service is not supported. As such, the request is non-certified.