

<b>Case Number:</b>	CM13-0062325		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, has a subspecialty in Interventional Spine 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 23 year old male with date of injury 10/3/13. The treating physician report dated 11/6/13 indicates that the patient presents with increased back pain following physical therapy session. The current diagnosis is sprain or strain of lumbar region.

### 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 Chapter 12 Low Back Complaints Page(s): Table 2. Decision based on Non-MTUS Citation Official Disability Guidelines Low back

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

**Decision rationale:** The patient presents with back pain following a motor vehicle accident. The current request is for lumbar MRI. Examination findings reported on 11/12/13 (6 weeks post MVA) state, "Normal gait and posture, - SLR, no L.E. weakness, slight diffuse TTP (+) over mid thoracic and TL paraspinous muscles with mild increased muscle tension, unchanged. Decreased ROM TL spine with mild pain." ACOEM Guidelines do not recommend MRI of the lumbar

spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." In this patient, no such evidence is present. The patient has not completed a course of conservative care. The patient is still in the acute phase of the injury. There is no reason and no support from the guidelines to obtain an MRI of the lumbar spine. When reading ODG Guidelines, it also does not recommend MRIs in uncomplicated low back pain without radiculopathy and at least 1 month of conservative care. Progressive neurologic deficit is required or prior surgery or cauda equina syndrome. Recommendation is for denial.