

<b>Case Number:</b>	CM13-0062379		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/29/2013
<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 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 and 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 37-year-old female who reported an injury on 11/6/12. The patient was working with a child who grabbed the patient's left leg while the patient was ambulating. The patient was noted to be treated with physical therapy and medications, as well as acupuncture and chiropractic treatments. The patient's diagnoses were noted to be sprains and strains of the lumbosacral joint and ligaments. The most recent documentation submitted for review was 5/31/13, which revealed the patient had pain rated 6/10 in the mid and low back radiating to the right leg. The pain was sharp, cramping, and shooting with locking, giving way, and radiating. Heat, rest, therapy, lying down, and stretching lessened the pain. The patient had increased pain with extension and flexion. Neurologic examination of the lower extremities revealed the patient's motor and the sensory examination was intact. The patient had a negative straight leg raise to bilateral lower extremities. The patient had four views of the lumbar spine that showed a mild loss of dish height at the L5-S1 and a 1-2 mm retrolisthesis. The patient had a trial of therapy and was keeping up with exercise and stretching program. The physician opined the patient should have acupuncture and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** The ACOEM Guidelines indicate that findings of specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to indicate the patient's prior studies. The clinical documentation submitted for review indicated that the dermatomal and myotomal examination was within normal limits. The patient's straight leg raise was normal. There was a lack of documentation submitted regarding the MRI of the lumbar spine. There was a lack of documentation indicating a necessity and a documented rationale for the requested services. Given the above, the request for MRI of the lumbar spine is not medically necessary.