

<b>Case Number:</b>	CM13-0069121		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Pain Management 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:

This is a patient of the date of injury of October 22, 2013. A utilization review determination dated December 12, 2013 recommends non-certification of MRI of the lumbar spine. Non-certification is recommended due to lack of clear documentation of radicular findings and consideration for surgical treatment or an epidural injection. A progress report dated November 23, 2013 indicates that the patient has responded well to chiropractic treatment, physiotherapy, and therapeutic exercise. The subjective complaints include low back pain which is radiating. Objective examination findings identify tenderness to palpation in the lumbar spine reduced muscle strength with right heel/toe walking, knee extension, and hip flexion period. Diagnoses include lumbar spine sprain/strain rule out disc bulge. Treatment plan request additional chiropractic care and physiotherapy. Additionally, a request is made for MRI of the lumbar spine, cervical spine, and right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITHOUT DYE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, it is unclear how the patient's radicular complaints have responded to conservative treatment. At one point the requesting physician indicates that the patient has responded well to conservative treatment, which would indicate that further diagnostic work up may be unnecessary. Additionally, it is unclear what medical decision-making will be based upon the outcome of the currently requested MRI (such as surgical considerations or ESI [epidural steroid injection]). The request for an MRI of the lumbar spine without dye is not medically necessary or appropriate.