

<b>Case Number:</b>	CM14-0004408		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Sports Medicine and is licensed to practice in 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 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 injured worker is a 54 year old female who reported an injury on 12/11/2013. Per the clinical note dated 01/15/2014 the injured worker reported low back pain with tingling and pain down the bilateral knees into her feet. Upon physical exam the injured worker was reported to have tenderness, pain, and spasm to the lower back as well as a negative straight leg raise, patellar reflexes were 2+ bilaterally and Achilles reflexes were 1+ bilaterally. The injured worker was also noted to have decreased sensation to the left L4-L5 dermatomes. The diagnoses for the injured worker included pain in the knee joint, lumbar radiculopathy, and sprain/strain of the lumbar spine. The request for authorization for medical treatment was dated 01/15/2014.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, magnetic resonance imaging.

**Decision rationale:** Per ACOEM no tests are recommended for nonspecific low back pain. ACOEM states MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative and MRI is the test of choice for patients with prior back surgery. The Official Disability guidelines note indications for imaging include lumbar spine trauma; trauma, neurological deficit or uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The documentation provided noted the injured worker had a positive straight leg raise, patellar reflexes were 2+ bilaterally and Achilles reflexes were 1+ bilaterally. The injured worker was also noted to have decreased sensation to the left L4-L5 dermatomes. The injured worker has been referred for an EMG but there was a lack of documentation of the results of that study. Additionally, it was unclear if the injured worker has undergone an adequate and complete course of conservative care as it was noted the patient participated in 3 sessions of physical therapy with benefit. Therefore, the request for an MRI of the lumbar spine is not medically necessary.