

<b>Case Number:</b>	CM14-0102146		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 57 year old male who reported an injury on 02/18/2014. The mechanism of injury was lifting. The diagnoses were sprain of the lumbar region, sciatica, and joint pain in the pelvis. Previous therapies included physical therapy, ice/heat applications, and anti-inflammatories. On 05/27/2014, the injured worker reported low back pain and down to the left leg. Upon physical examination, the injured worker was noted to have tender lumbar paraspinals and a positive straight leg raise to the left leg. He also demonstrated decreased range of motion during exam. No list of current medications was provided. The treatment plan was to finish physical therapy, an MRI of the lumbar spine, and pain medication. The rationale for the MRI was to rule out herniation. The request for authorization form was signed and submitted on 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** The California MTUS/AECOM 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 initially recommended conservative care. The injured worker was noted to have been treated with physical therapy and anti-inflammatories. He was also noted to have radiating pain and a positive straight leg raise. However, there was no evidence of significant neurological deficits, such as decreased sensation or motor strength in specific dermatomal or myotomal distributions. In the absence of clear neurological deficits suggestive of pathology at a specific level, an MRI is not supported. Therefore, the request is not medically necessary.