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| <b>Case Number:</b>   | CM14-0107056 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 03/04/2011 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 06/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2014 |

### 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, and is licensed to practice in Nevada. 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 29 year old male who sustained an injury to his low back due to helping two coworkers lift a heavy wall while building a house on 03/04/11. The injured worker developed low back pain. The injured worker was diagnosed with a lumbar sprain/strain, taken off work, given medicine and physical therapy that only provided temporary relief. MRI of the lumbar spine was performed and reportedly revealed a large L4-5 disc protrusion. The injured worker was seen by an orthopedic surgeon and a diagnosis of L4-5 disc protrusion was made he was made permanent stationary as of 03/17/12. The clinical note dated 07/07/14 reported that the injured worker continued to complain of low back and left leg pain. Physical examination noted range of motion allowing for flexion at 45 degrees; positive straight leg raise left; neurological exam of the bilateral lower extremities revealed weakness of the left anterior tibialis. Diagnosis of left sciatica was added to the injured worker's records.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, 8th Edition, 2013 on Lumbar MRI; Work Loss Data Institute.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The previous request was denied on the basis that there was no rationale listed in the 05/28/14 note to support the request for a repeat lumbar MRI. There was no reported change in the injured worker's symptoms or physical examination findings. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no physical examination findings of decreased sensory or reflex deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.