

<b>Case Number:</b>	CM14-0014278		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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:

According to guidelines, lumbar MRI is recommended for low back pain with non-progressive radiculopathy after failure of 4 to 6 weeks of conservative care. The patient is a 50-year-old male who injured his low back on 10/30/14 after doing heavy lifting. The patient's pain complaints have progressively increased and involve pain radiating into bilateral lower extremities. His physical examination findings have worsened. There were no lower extremity radicular findings initially, but subsequent reports note decreased sensation to light touch bilaterally in the L4 dermatome, positive straight leg raise, and decreased motor function of the foot. The patient has failed 2 ½ months of conservative including 2 physical therapy visits. While some records are illegible and physical exam findings lack specifics, medical necessity is established. The patient has failed over 6 weeks of conservative care and has radicular complaints and radicular signs on examination. Lumbar MRI is warranted to rule out nerve compromise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR LUMBAR SPINE WITHOUT DYE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004,, CHAPTER 9 ( SHOULDER COMPLAINTS ), 334,335,336

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, MRI

**Decision rationale:** According to guidelines, lumbar MRI is recommended for low back pain with non-progressive radiculopathy after failure of 4 to 6 weeks of conservative care. The patient is a 50-year-old male who injured his low back on 10/30/14 after doing heavy lifting. The patient's pain complaints have progressively increased and involve pain radiating into bilateral lower extremities. His physical examination findings have worsened. There were no lower extremity radicular findings initially, but subsequent reports note decreased sensation to light touch bilaterally in the L4 dermatome, positive straight leg raise, and decreased motor function of the foot. The patient has failed 2 ½ months of conservative including 2 physical therapy visits. While some records are illegible and physical exam findings lack specifics, medical necessity is established. The patient has failed over 6 weeks of conservative care and has radicular complaints and radicular signs on examination. Lumbar MRI is warranted to rule out nerve compromise.