

<b>Case Number:</b>	CM14-0016144		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 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:

The injured worker is a 27 year old male who reported an injury on 12/22/2011. Mechanism of injury is unknown. The injured worker complained of intermittent moderate pain in his lower back, with pain radiating to his legs to the calf level. The injured worker stated that his pain was worsening and that it felt like a knife jabbing into his back. Physical examination of the lumbosacral spine revealed tenderness to palpation about the L3-L4 and L5-S1 levels. There were muscle spasms and tight hamstrings noted. The injured worker has diagnoses of lumbar spine sprain/strain with radiculopathy and stress anxiety. The submitted report shows that the injured worker had been on a home exercise program and medication therapy. Medications include Tramadol and Naprosyn. The dosage, frequency and duration were not documented. The treatment plan is for MRI sacroiliac joints and MRI lumbar spine. The rationale was not submitted for review. The request for authorization forms were submitted on 01/03/2014 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Sacroiliac Joints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Sacroiliac Joint Injections.

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

**Decision rationale:** The request for MRI sacroiliac joints is not medically necessary. The injured worker complained of intermittent moderate pain in his lower back, with pain radiating to his legs to the calf level. The ACOEM guidelines state that there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination should be sufficient evidence to warrant imaging in patients who do not respond to treatment and who 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. There was no evidence in submitted report of any positive SI joint testing. The report revealed evidence of back pain but there was no mention of any localization of pain over the sacroiliac joints. Furthermore, the submitted report also revealed that the injured worker had had previous X-rays and MRI of the low back. As such, the request for MRI sacroiliac joints is not medically necessary.

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-304. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The request for MRI lumbar spine is not medically necessary. The injured worker complained of intermittent moderate pain in his lower back, with pain radiating to his legs to the calf level. The ACOEM guidelines state that there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination should be sufficient evidence to warrant imaging in patients who do not respond to treatment and who 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. The submitted report indicates that the injured worker has had a previous MRI. There was no documentation of any new injury or substantial aggravation of the injured worker's present chronic back pain. There was also no documented evidence of any progressive neurologic deficit. There was no red flag. Furthermore, there was no mention of any current surgical plan. Given the above, the request is not medically necessary.