

<b>Case Number:</b>	CM14-0016727		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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:

The patient is a 22 year old female who was injured on 09/30/2011 who injured her low back with lifting heavy crates of milk constantly at work. Patient states she was off work until approximately 1 year ago but with increased symptoms, patient was placed back off work, January of 2014. Prior treatment history has included physical therapy the first year with some improvement. The patient had acupuncture approved with attempting it with an increase in symptoms. PR-2 dated 01/06/2014 documented the patient has been following a home exercise program and taking her medication. She is still experiencing severe pain in the lower back. Objective findings on exam revealed tenderness to palpation about the mid thoracic and lower lumbar region. Flexion is 40 degrees, extension 10 degrees, and lateral bending to the right and left 10 degrees. SI compression is positive. Deep tendon reflexes are 2+. Straight leg raise test is negative bilaterally. Diagnoses: 1. Strain/sprain lumbar spine with myofascial pain and sacroiliac instability. Treatment Plan: 1. Request authorization for physical therapy. 2. Request authorization for acupuncture. 3. Request authorization for MRI scan of lumbar spine. Physical therapy noted dated 02/20/2014 documents the patient's pain scale at its worst is 9, best 5 and current 7. Previous findings as of 01/30/2014 worst 8, best 6 and current 8. Assessment: Patient has increased lumbar spine flexion and right lateral flexion with increase lower extremity strength within the past six visits but with constant high pain persisting in her low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the CA MTUS/ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In the case of this patient, none of these criteria appear to apply. The most current medical report, dated 1/6/2014 documents the neurological examination revealed normal reflexes and negative SLR bilaterally. There is no evidence of significant change in symptoms or findings. The request for lumbar MRI is not clinically indicated per the above guidelines and not medically necessary.