

<b>Case Number:</b>	CM14-0018850		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 43-year-old male with a reported injury date of 02/21/2013. The mechanism of injury was attributed to the onset of his symptoms complex to performing heavy work. There was no specific traumatic event in February 2013. Based on the medical exam performed on 07/11/2013, the injured worker has had low back pain for many years now. The injured worker, over a course of the last five (5) months has been treated conservatively, has been off work, and had participated in physical therapy, which did not help. The injured worker has undergone some medication management. The injured worker continues to have low back pain along the left lower lumbar spine. The pain is non-radiating, there is no numbness or tingling over the left leg, the severity is a 5/10 to 8/10. The pain becomes moderate to severe with movement. The injured worker had an MRI several years ago of the lumbar spine. Currently the injured worker is taking no medication. The injured worker was diagnosed with chronic low back pain, primarily left sided, possible sacroiliac joint mediated pain versus left L5-S1 facet joint mediated pain. The injured worker gait was normal. There is localized tenderness over the left sacroiliac (SI) joint, full range of motion of the spine; and the Faber's sign is plus on the left. The straight leg raise was negative; Knee jerk and Ankle Jerk 2+; sensory intact and symmetrical. The primary diagnosis is Sprain/Strain, Sacroiliac joint. The request for authorization was submitted on 01/07/2013.

### 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 WITHOUT DYE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, AND 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, LOW BACK - MRIs (MAGNETIC RESONANCE IMAGING).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOWER BACK AND LUMBAR & THORACIC, MRI.

**Decision rationale:** The injured worker continues to have low back pain along the left lower lumbar spine. The pain is non-radiating, there is no numbness or tingling over the left leg, and the severity is a 5/10 to 8/10. The pain becomes moderate to severe with movement. The injured worker had an MRI several years ago of the lumbar spine. Currently, the injured worker is not taking any medication. The injured worker was diagnosed with chronic low back pain, primarily left-sided, possible sacroiliac joint mediated pain versus left L5-S1 facet joint mediated pain. The injured worker's gait was normal. There is localized tenderness over the left sacroiliac (SI) joint; full range of motion of the spine; and the Faber's sign is plus on the left. The straight leg raise was negative; The Knee jerk and Ankle Jerk was 2+; and the sensory was intact and symmetrical. The primary diagnosis is Sprain/Strain, Sacroiliac joint. The Official Disability Guidelines recommend MRIs as the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy. It is not recommended until after at least one (1) month conservative therapy, sooner if there is severe or progressive neurologic deficit. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. There is no clinical documentation to suggest any current neurological deficits on physical examination that would warrant a repeat MRI at this time. Therefore, the request for MRI is not medically necessary.