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| <b>Case Number:</b>   | CM14-0110095 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 04/26/2014 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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 32 years old and was reportedly injured on 04/26/2014. The mechanism of injury is noted as the injured worker lifting up an approximately 40 pound roll of material and felt a stabbing and pulling type sensation in the lower back on the right side. According to the orthopedic evaluation dated 06/11/2014, the injured worker noted improvement in symptoms but there was continued severe pain to the lower back. The injured worker was unable to sit or stand for long periods of times and was unable to bend over or pick up objects. Muscle relaxants were no longer taken only ibuprofen was continued. Work status was light duty. On examination, the injured worker had a normal gait with heel-to-toe gait pattern. No limitations were noted. The injured worker was able to stand unsupported on either limb without difficulty. The injured worker was able to rise on toes and heels. Lumbar spine examination revealed bilateral lower extremity strength and sensation were intact. There was mild tenderness and muscle spasm on the right side of the lumbar spine. Treatment plan was magnetic resonance image of the lumbar spine. The injured worker was allowed limited work duties with no lifting over 30 pounds and limited sitting, standing or walking. No bending or stooping. The injured worker was diagnosed with lumbosacral neuritis. The injured worker failed treatment with 6 sessions of physical therapy. The request for magnetic resonance image of the lumbar spine without contrast was not certified on 06/19/2014.

### 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 contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MRI page Page(s): 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic imaging, Low back.

**Decision rationale:** According to the California MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the Official Disability Guidelines (ODG), MRI is recommended in uncomplicated low back pain; with radiculopathy after at least one month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in cauda equina syndrome or with severe progressive neurological deficits following trauma. In this case, there is no documentation of at least one month conservative treatment; i.e. structured physical therapy program. There are no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma or cauda equina syndrome. Therefore, the request for a MRI of the lumbar spine is not medically necessary and appropriate.