

<b>Case Number:</b>	CM14-0112795		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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:

This is a 47 year old male with a 2/28/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/12/14 noted subjective complaints of back pain with burning, tingling and numbness in the right leg and dorsal foot. Objective findings included restricted lumbar range of motion (ROM). 5/15/14 progress reported decreased sensation to light touch of the right foot. Motor function is intact. Normal gait. Diagnostic Impression: lumbar strain, disc protrusion L5-S1. Treatment to Date: physical therapy, medication management, prior epidural injections. A UR decision dated 7/3/14 denied the request for MRI lumbar spine without dye. There is essentially no neurologic deficit in any specific dermatome or myotome, motor, or sensory to support an MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging of spine without dye:** 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The only noted abnormality is decreased sensation to light touch of the right foot, which does not correlate with potential spinal neural compromise. Additionally, there is no mention of consideration for surgery. Therefore, the request for magnetic resonance imaging of lumbar spine without dye was not medically necessary.