

<b>Case Number:</b>	CM14-0115428		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 57 year old male with a 6/15/14 injury date. He injured his lower back while trying to throw out a large plant pot, and was unable to move the following morning. A report from 7/7/14 indicates that he continues to have lumbar spine pain with radiating symptoms into the lower extremities. Objective findings were positive for paraspinal tenderness but negative for neurologic deficits. The provider acknowledges the need for physical therapy prior to having a lumbar spine MRI. Radiographs of the lumbar spine were negative. Diagnostic impression: lumbar strain. Treatment to date: medications. A UR decision on 7/14/14 denied the request for lumbar MRI on the basis that there is no evidence of progressive neurologic findings and an appropriate trial of conservative treatment has not yet taken place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine w/o dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**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, at this time there are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In addition, a trial of physical therapy has not yet begun, although there is documentation that it is planned. At this point, an MRI cannot yet be recommended. Therefore, the request for MRI lumbar spine w/o dye is not medically necessary.