

<b>Case Number:</b>	CM14-0117535		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Illinois. 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 60-year-old male who reported an injury on 08/23/2010. The mechanism of injury was not provided. On 07/23/2014, the injured worker presented with pain in the low back with radiation to the right leg associated with numbness and weakness. Upon examination the injured worker had difficulty rising from a chair. There was muscle guarding at the lumbar spine with painful range of motion. There was tenderness to palpation at the L3-S1 spinous process, lumbar paravertebral muscles, right gluteus and thoracolumbar junction. There was a positive bilateral Kemp's and positive bilateral sided straight leg raise. Diagnoses were cervical myalgia, cervical myofascitis, status post surgery of the cervical spine, lumbar disc displacement, lumbar facet syndrome, fatigue, loss of sleep and psych diagnosis . Prior treatment included surgery and medications. The provider recommended an MRI without contrast of the lumbar spine due to exam and function is worsening. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, medical necessity has not been established.