

<b>Case Number:</b>	CM14-0118271		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 47 year old woman with a date of injury of 3/28/14. She was seen by her physician on 7/7/14 with complaints of low back and rib pain. Her back pain radiated to her legs in the front and back and occasionally to her feet. She denied numbness or tingling in her leg. She continued to work at a staff guard agency and was doing modified work. Her physical exam showed an antalgic gait with tenderness to palpation in the thoracic and lumbosacral paraspinals. She had limited range of motion but no pain and had negative straight leg raises bilaterally. Reflexes were 2+ and symmetric and sensation and motor strength were intact and 5/5 respectively. Her diagnoses were lumbosacral strain/sprain, left rib sixth and seventh fractures, Left L1-4 lumbar transverse process fractures and cervicothoracic strain and pain. At issue in this review is the request for a lumbar MRI.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 07/03/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** This injured worker has lumbar pain but with normal sensation, strength and reflexes on exam. Her straight leg raises were also negative. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, in the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically necessary.