

<b>Case Number:</b>	CM14-0124675		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/19/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 49-year-old male with a reported date of injury on 11/19/2008. The injury reportedly occurred when the injured worker had an industrial injury to the low back and psyche when he was unloading books and computer equipment from the trunk of a car and laying 50 feet of DSL cable. His diagnoses were noted to include thoracic or lumbosacral neuritis radiculitis, dysthymic disorder, sprains/strains of the lumbar region, and lumbar or lumbosacral disc degeneration. His previous treatments were noted to include physical therapy and medications, ice/moist heat, chiropractic treatment, trigger point injection, TENS unit, and home exercise program. The progress note dated 07/25/2014 revealed complaints of low back and lower extremity pain. The injured worker rated the pain 6/10 and characterized it as aching and sharp. The injured worker reported the pain radiated to the left thigh, left leg, and left foot. The injured worker indicated the medications were helping and the side effects included abdominal pain. The physical examination of the lumbar spine noted restricted range of motion and the paravertebral muscles were normal. There was no spinal process tenderness noted and the straight leg raise test was position on the left. The motor examination revealed 4/5 to the knee flexors on the left. The sensory examination revealed light touch sensation decreased over the lateral calf on the left side. The Request for Authorization Form was not submitted within the medical records. The request is for a lumbar MRI to rule out any structural pathology that might require surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

**Decision rationale:** The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause such as an MRI for neurologic deficits. The Guidelines state an MRI could be used to identify and define low back pathology in regard to disc protrusion, cauda equine syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation regarding significant change in pathology or a red flag to warrant an MRI. Therefore, the request is not medically necessary.