

<b>Case Number:</b>	CM14-0126182		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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:

The patient is a 39 year-old female with date of injury 05/19/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as dull, moderately severe pain in the buttocks. Objective findings: Patient walked with a normal gait, full weight bearing on both lower extremities. The patient had normal posture. There was no weakness to the lower extremities. The spine was not kyphotic. The patient did not have scoliosis. The patient had no loss of lumbosacral lordosis. The pelvis was symmetrical. There were no spasms of the thoracolumbar spine and paravertebral musculature. There was no tenderness of the thoracolumbar spine and paravertebral musculature. Patrick-Fabere test for pathology of the sacroiliac joint was negative. Extensor hallucis longus test was negative. There was no restriction of range of motion of the back. Straight leg test was negative. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Tenderness to palpation was noted of the coccyx area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** The ACOEM Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The injury is to the coccyx, which is not imaged in a lumbar MRI, and the medical records fail to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. As such, the request is not medically necessary and appropriate.