

<b>Case Number:</b>	CM14-0128757		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 35-year-old male who was injured on July 22, 2012 due to direct trauma to the right side of the low back via striking it on a bedrail when jumping onto a bed. The diagnoses listed as lumbosacral (joint/ ligament) sprain, thoracic or lumbosacral neuritis or radiculitis unspecified, and chronic pain. The most recent progress note dated 7/9/2014, reveals complaints of ongoing mechanical back pain, mainly to the right side and right posterior leg numbness and tingling. Reportedly, pain is alleviated with narcotics and nonsteroidal anti-inflammatory drugs (NSAIDs). Prior treatment includes narcotic medications and orthopedic evaluation, CT scan, and now a physiatrist evaluation. The examination described bilateral Achilles deep tendon reflexes (DTR) decrease and rather diffuse right leg weakness positive straight leg raise (SLR) bilaterally and right leg S1 numbness. Diagnostic imaging study CT scan of low back described an L5 to S1 disc bulge (date and document unavailable). A prior utilization review determination dated 7/23/14 resulted in denial of MRI without contrast lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI w/o contrast-Lumbar spine:** Overturned

**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, 313.

**Decision rationale:** The claimant has specific radicular findings of diminished sensation in a single nerve root distribution. MTUS recommends an imaging study such as MRI when there is an obvious level of nerve root dysfunction on physical exam therefore this request is medically necessary.