

<b>Case Number:</b>	CM14-0129612		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation 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:

This 65 year-old patient sustained an injury on 3/10/14 from tripping on carpet and fell while employed by [REDACTED]. Request(s) under consideration include MRI Lumbar. Diagnoses include right superior/inferior pubic ramus fracture confirmed by lumbar spine x-ray. Conservative care has included physical therapy, medications, and activity modification/rest. Report of 3/11/14 noted low back and pelvic pain rated at 9-10/10. Exam findings included lumbar restricted range; tenderness with no weakness or loss of motor strength in lower extremities; pelvis was symmetrical; DTRs 2+; with normal sensation intact in all dermatomes of bilateral lower extremities. Diagnoses included right elbow contusion; lower back contusion/radiculopathy; pelvic organ injury. Treatment included Ketorolac injection, medications, and CT scan with restrictions. Report of 7/14/14 from the provider noted the patient with ongoing low back pain rated at 3-4/10. The patient was noted to have returned to modified work with no lifting over 15 to 20 pounds. Exam had no objective findings related to lumbar spine in regards to motion or neurological deficits. The request(s) for MRI Lumbar was non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar is not medically necessary.