

<b>Case Number:</b>	CM14-0133654		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 45 year-old patient sustained an injury on 3/6/14 while employed by [REDACTED]. Request(s) under consideration include MRI Lumbar Spine. Diagnoses include Lumbago. There was history of previous low back injury in 2006 from being crushed between two trucks. The patient received physical therapy and never had resolution with ongoing chronic symptoms. New injury occurred in March 2014 from bending over to pick up an oversized package. The Report dated 3/11/14 noted chronic low back pain and right knee pain. Exam showed lumbar spine with tenderness of paralumbar muscles with pain on flexion and rotation; otherwise with negative SLR and intact motor, DTRs and vascular findings. Diagnoses included knee sprain; lumbosacral sprain; and lumbar disc displacement. Treatment included medications Flexeril and Naproxyn, referral to ortho, and back brace. Report of 6/16/14 from the provider noted patient with chronic low back pain radiating into his left lower extremity. Exam was unremarkable without any neurological deficits except for positive SLR and decreased lumbar range of motion. X-rays of lumbar spine was negative except for slight left scoliosis. The patient had previous lumbar spine MRI on 10/11/12 that showed posterior disc bulge with annular tear at L5-S1 and L2-3 with disc bulge. The request(s) for MRI Lumbar Spine was not medically necessary on 7/19/14 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 Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Index, 12 Edition (web) 2014, Low Back.

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

**Decision rationale:** The request(s) for MRI Lumbar Spine was not medically necessary on 7/19/14. 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 Spine is not medically necessary and appropriate.