

<b>Case Number:</b>	CM14-0135608		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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 injured worker is a 21-year-old male who reported an injury on 05/06/2014. The mechanism of injury was a lifting injury. The diagnoses included lumbar sprain/strain with radiculopathy, rule out disc bulges, thoracic spine sprain/strain, and knee sprain/strain, and tendonitis, rule out derangement. The previous treatments included medication, physical therapy, and chiropractic therapy. Within the clinical note dated 06/06/2014, it was reported the injured worker complained of thoracic and lumbar pain. The injured worker reported limited mobility with bending and difficulty lifting. Upon the physical examination, the provider noted the injured worker had a normal neurological examination. There was muscle spasms and tenderness of the thoracic spine and lumbar spine with paraspinal pain. The injured worker had a negative straight leg raise. The provider requested an MRI of the lumbar spine. However, a rationale is not submitted for clinical review. The Request for Authorization was submitted and dated 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study.

Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation indicating neurological deficits, such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation regarding the failure of conservative treatment. In addition, there are no red flag diagnoses or the intent to undergo surgery requiring an MRI. The rationale was not provided for clinical review. The medical necessity for imaging was not established. Therefore, the request is not medically necessary.