

<b>Case Number:</b>	CM14-0137041		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 injured worker is a 59-year-old male with a date of injury on 8/31/2012. His diagnosis is listed as lumbar sprain/strain. Subjective complaints are of constant low back pain rated 5-6/10, with radiation to the right leg and with associated weakness. Physical exam of the lumbar spine showed full range of motion with tightness in the posterior legs. Lower extremity sensation, reflexes, and motor strength were recorded as intact. There also was a negative straight leg raise test. Prior lumbar x-rays show normal bony mineralization with narrowing at L4-5. Records indicate prior physical therapy, but there is no documentation of the results or duration of therapy directed to the lumbar spine.

### 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:** 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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. According to ODG, MRI exam is recommended for uncomplicated back pain with radiculopathy after at least 1 month of conservative therapy, or sooner in the presence of severe or progressive neurologic deficit. Also, it is indicated if there is suspicion of cancer or infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. The patient also does not have objective signs on physical exam suggestive of lumbar radiculopathy or nerve root pathology. Therefore, the medical necessity of lumbar spine MRI is not established.