

<b>Case Number:</b>	CM14-0138728		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 34-year-old male with a date of injury of 06/09/2014. The listed diagnosis is lumbosacral strain. According to the progress report 07/29/2014, the patient has back pain "but is able to function, pain with posture, no leg pain." Objective finding reads "gait steady, able to bend and squat down easily." The providing physician is requesting a magnetic resonance imaging (MRI) of the lumbosacral spine. Review of the medical file indicates the patient had an x-ray of the lumbar spine on 06/19/2014 which revealed "minimal degenerative disk space narrowing L2 through L5." Utilization review denied the request for the magnetic resonance imaging (MRI) on 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Lumbosacral Spine Qty: 1.00: 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Protocols](http://www.odg-twc.com/odgtwc/low_back.htm#Protocols))

**Decision rationale:** This patient presents with low back pain. The providing physician is requesting a magnetic resonance imaging (MRI) of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 state, "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." In this case, examination does not indicate neurological deficits and there is no indication the patient has participated in conservative treatment. Furthermore, the patient does not present with any red flags such as suspicion for infection, tumor, fracture, paralysis; there are no leg symptoms to be concerned about neurologic problems. The request for a Magnetic Resonance Imaging (MRI) of the Lumbosacral Spine is not medically necessary.