

<b>Case Number:</b>	CM14-0167591		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 25 year old man with a date of injury of 7/2/14. He was seen for a first report of occupational illness visit on 7/11/14 with complaints of neck, back, bilateral upper extremities and bilateral lower extremity pain. This is the most recent evaluation included in the records. His exam showed normal gait and tenderness to palpation of the cervical, thoracic and lumbar spine. He had limitations in range of motion in the cervical, lumbar and thoracic spine. Upper extremity sensation was intact. Lower extremity sensation was decreased at left S1 dermatome. He had 5/5 muscle strength except 4/5 bilateral finger flexion and extension and 4/5 right plantar flexion. Reflexes showed hyporeflexia to the brachioradialis and triceps. He had a straight leg raise positive at 60 degrees on the right and negative Spurling and Slump tests. His diagnoses were L5 Spondylolysis, spondylolisthesis L5-S1 and lumbar radiculopathy. At issue in this review is the request for a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-310.

**Decision rationale:** This injured worker has pain and reduced range of motion in the cervical, thoracic and lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. His physical exam shows radicular signs in the lumbar spine but no red flags. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically substantiated.