

<b>Case Number:</b>	CM14-0170254		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Occupational Medicine 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:

Injured worker is a 31 year-old male with date of injury 01/09/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was decreased in all planes due to pain. Straight leg raising test was positive bilaterally at 60 degrees producing complaints of pain along the lower back and tightness along the hamstrings. Motor strength was 5/5 to the bilateral lower extremities. Sensation and deep tendon reflexes were within normal limits. MRI of the lumbar spine performed on 04/30/2014 was notable for small central posterior annular fissure at L4-5 with mild bilateral degenerative facet changes and Pseudoarthrosis of the right L5 transverse process and sacral ala. Diagnosis: 1. Lumbar spine strain/sprain 2. Rule out, lumbar spine disc protrusion.

### 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 Lumbar Spine:** 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  
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**Decision rationale:** The MTUS states that "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary.