

<b>Case Number:</b>	CM14-0029446		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 PM&R and is licensed to practice in Texas. 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 47 year old female who reportedly was injured on 12/11/13, due to being struck by a pallet of boxes and developed left-sided low back pain. Initial treatment included medication and 6 physical therapy visits. She complains of low back pain on the left side that radiates into the left buttock and thigh. Medications were listed as Motrin and omeprazole. On examination the injured worker is 5'7" tall and weighs 175 pounds. The injured worker was able to heel-and-toe walk across the exam room without difficulty. There was no evidence of antalgic gait. Posture was normal. Straight leg raise was slightly positive on the left and negative on the right. Motor examination was normal. Sensation was intact to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles' reflexes were 0-1+ and symmetrical. Plain radiographs of the lumbar spine were noted to show mild to slight lumbar scoliotic deformity; slight disc degeneration at L4-5; no obvious instability detected.

### 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 Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines provide that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging inpatients 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. On examination the injured worker had no objective findings of motor or sensory changes indicative of a specific nerve compromise. The injured worker had limited conservative treatment. Given the current clinical data, the request for MRI lumbar spine without dye is not recommended as medically necessary.