

<b>Case Number:</b>	CM14-0035210		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Orthopedic Surgery 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 53 year old male who reported an injury to his left side of the groin after a lifting incident with a heavy box. The clinical note dated 01/23/14 indicates the injured worker complaining of a sharp pain at the left side of the groin and low back. The injured worker stated he had been lifting 55 lb. boxes. The injured worker also reported a history lasting several weeks of intermittent left hip tenderness and stiffness. There is an indication the injured worker had previously undergone a right sided inguinal herniorrhaphy approximately 25 years prior. Upon exam, mild to moderate tenderness was identified at the left inguinal region. No evidence of a left sided inguinal hernia was identified. Tenderness was identified at the left greater trochanter. However, the injured worker was able to demonstrate full range of motion throughout the left hip. X-rays of the left sacral region revealed moderate chronic degenerative changes at the lumbosacral region in the left hip. The clinical note dated 01/27/14 indicates the injured worker continuing with a sharp pain in the low back. Prolonged standing, walking, lifting, and carrying all exacerbated the injured worker's pain. The therapy note dated 01/30/14 indicates the injured worker having completed 2 physical therapy sessions to date. The therapy note dated 01/31/14 indicates the injured worker able to demonstrate 4+/5 strength with lumbar extension. The injured worker rated the pain as 7/10 at that time. The utilization review dated 02/10/14 resulted in a denial for a magnetic resonance image of the lumbar spine as no neurologic deficits had been identified in the appropriate distributions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

**Decision rationale:** The request for a magnetic resonance image (MRI) of the lumbar spine is not medically necessary. The documentation indicates the injured worker complaining of low back pain as well as left sided groin pain. A MRI is indicated for injured workers who have demonstrated clinical findings consistent with neurologic deficits. No provocative findings were submitted confirming the injured worker's neurologic deficits associated to the lumbar region to include significant strength, sensation or reflex deficits. Therefore, this request is not indicated as medically necessary.