

<b>Case Number:</b>	CM14-0037941		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 37-year-old female with a date of injury of 6/20/13. The listed diagnoses per [REDACTED] are overexertion from sudden strenuous movement, lumbar spine strain/sprain, rule out lumbar spine displacement, lumbar spine myalgia, lumbar spine radiculitis, reported depression, and reported sleep disturbance. According to the report dated 1/8/14 by [REDACTED], the patient presents with low back pain, complaints of depression, and sleep disturbance. The patient states that the low back pain is constant, sharp, shooting, aching, and throbbing with radiation down the right lower extremity. The pain is rated at 7- 9/10. Examination of the lumbar spine revealed extension 17 degrees, right lateral bending 21 degrees, left lateral bending 21 degrees, and flexion 60 degrees. Straight leg raise was negative bilaterally. Kemp's test was positive bilaterally. Radiographic examination of the lumbar spine was taken on this date, which revealed negative for recent fracture, gross osteopathy, or intervertebral segmental instability. The treating physician states that, based on the clinical examination, further diagnostic testing will assist in delineating any pathology present. The treating physician is requesting an MRI of the lumbar spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** For special diagnostics, the ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition with radicular symptoms and weakness, the Official Disability Guidelines provide a good discussion. The ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after one month of conservative therapy, sooner if severe or there is a progressive neurologic deficit. Review of the reports show that this patient has not had any therapy or conservative treatments. Examinations are normal for motor/sensory findings with negative straight leg raise. There is no evidence of radiculopathy in this patient. The request is noncertified.