

<b>Case Number:</b>	CM14-0038574		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 and is licensed to practice in Nevada. 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 48-year-old male who was reportedly injured on May 17, 2013. The mechanism of injury is noted as fixing a fence. The most recent progress note dated January 27, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. The physical examination demonstrated tenderness and spasms of the lumbar paravertebral muscles with decreased lumbar spine range of motion. There was decreased sensation at the L5 dermatomes bilaterally. Previous physical examination dated December 16, 2013, stated there was decreased sensation at the L3 and L4 dermatomes on the left side. Another examination dated October 31, 2013, indicates there is a normal lower extremity neurological examination. Diagnostic imaging studies reported degenerative changes at T 11 and T12. Previous treatment includes a lumbar support, physical therapy, sacroiliac joint injections, work restriction, medications and chiropractic treatment. A request had been made for an magnetic resonance imaging of the lumbar spine and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the attached medical record the injured employee has a variety of lower extremity neurological findings. According to the American College of Occupational and Environmental Medicine a lumbar spine magnetic resonance imaging (MRI) is recommended for individuals with subacute or chronic radicular symptoms that are not trending towards improvement. As this is the case for the injured employee, this request for a lumbar spine MRI is medically necessary and appropriate.