

<b>Case Number:</b>	CM14-0039432		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

This is a 38-year-old female with a 12/26/13 date of injury. The mechanism of injury occurred when the patient attempted to move a patient with a coworker. According to a progress note dated 10/20/14, she reported axial back pain rated at 4 to 5 out of 10. She reported significant improvement with a recent LESI. The provider plans to request a second LESI and 2 months of physical therapy to increase function and decrease pain. An unofficial report of a lumbar MRI dated 1/8/14 revealed: small right paracentral disc protrusion at L1-L2 with associated mild right lateral recess narrowing, small protrusion at left L3-L4 foraminal region, mild spondylotic changes elsewhere without significant stenosis or neuroforaminal narrowing, remote compression fracture at L1. Objective findings: tightness in the low back with no radiculopathy and lots of pelvis instability and tightness, good lower extremity strength. Diagnostic impression: lumbar spine strain. Treatment to date: medication management, activity modification, physical therapy, home exercise program, lumbar ESI, TENS unit, physical therapy. A UR decision dated 4/2/14 denied the request for MRI of the lumbar spine. There is limited documentation of a significant change in status or progression of findings on exam. Considering limited evidence of failed conservative care or significant progression of lumbar exam findings since the prior study, the medical necessity of this request is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, in the present case there are no documented subjective or objective signs of radiculopathy or nerve dysfunction and no red flag conditions. It is noted that the patient had no radiculopathy in the low back and good lower extremity strength. In addition, there is no documentation as to failure of conservative management. In fact, it is noted that the provider has requested additional physical therapy. Furthermore, this patient just had an MRI performed on 1/8/14. There is no documentation of a significant change in the patient's symptoms and/or findings suggestive of significant pathology to warrant a repeat MRI. Therefore, the request for MRI of the lumbar spine was not medically necessary.