

<b>Case Number:</b>	CM14-0043810		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 & Rehabilitation 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 injured worker is a 67-year old-male sustained an industrial injury 03/15/2010. He states that on 3/15/2010, during the course of his employment, he was in a truck that was being pulled by another truck. The other truck made a turn and the patient's truck subsequently hit an electrical post. He has been complaining of low back pain with radiation to the left leg, associated with tingling / numbness. Medications include Naprosyn, Tizanidine and Omeprazole. On exam, the left straight leg raise test was positive at 20 degrees. There is positive lumbar spine tenderness over the paraspinals with decreased range of motion (ROM) and pain over the sacrum and left lower extremity. The lumbar spine ROM was forward flexion 30/60, extension 10/25, right lateral bending 10/25, left lateral bending 12/25. There is sciatic notch tenderness on the left side. Motor strength test was extensor hallucis longus (EHL) on right was 5/5 on left was 4/5 on the right and gastroc/peroneus longus on the right was 5/5 on left was 4/5. The sensation was decreased to light touch at the posterolateral aspect of the left calf. Reflexes were 1+ and knee and ankle. He had physical therapy, chiropractic management, acupuncture, anti-inflammatory medications, opioid medications, and muscle relaxants. Diagnoses were lumbago and lumbar spine radiculopathy. UR determination for magnetic resonance imaging (MRI) for the lumbar - single position is denied due to lack of medical necessity.

### 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- single position:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic).

**Decision rationale:** According to the CA MTUS guidelines, magnetic resonance imaging (MRI) of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the Official Disability Guidelines (ODG), MRI is recommended in uncomplicated low back pain; with radiculopathy after at least 1-month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in cauda equina syndrome or with severe progressive neurological deficits following trauma. In this case, there is no documentation of at least one month conservative treatment; i.e. structured physical therapy program. There are no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma or cauda equina syndrome. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity.