

<b>Case Number:</b>	CM14-0060480		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 40 year old male with a 6/11/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 4/4/14 noted subjective complaints of cramping in the calves and radiating pain down the right leg. There were no objective findings documented. MRI lumbar spine 9/13 showed 4mm disc protrusion causing pressure over the anterior aspect of the thecal sac. Diagnostic Impression: lumbosacral sprain. Treatment to Date: medication management. A UR decision dated 4/16/14 denied the request for MRI lumbar spine. This request is not reasonable as there are no objective findings documented suggestive of specific nerve compromise and also it was noted that patient is improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. 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, there were no documented objective findings that identify specific nerve compromise. There is no mention of surgical consideration. Additionally, there is no mention of acute interval change that would warrant a repeat MRI. Therefore, the request for MRI lumbar spine was not medically necessary.