

<b>Case Number:</b>	CM14-0066702		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/26/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 52 year old male who was injured on 02/26/09. The mechanism of injury is undisclosed. Her pertinent complaints include low back pain that is rated at a 9/10 without medications and a 5/10 with medications. She was diagnosed with lumbago and depressive disorder and also complains of left knee pain. Records do not indicate that she has received any treatment for the complaints of low back pain specifically but does note she takes Kadian 60 milligrams, Norco 10 milligrams and uses Terocin lotion. Most recent clinical note dated 04/23/14 reports the injured worker denies neurological changes. Physical examination of the lumbar spine reveals minimal tenderness over the paraspinals, sensation to be intact and equal, limited range of motion (ROM) with flexion and extension due to pain and straight leg raises which are positive for pain in the buttocks bilaterally. Strength of the lower extremities is noted to be 5-/5 on the left and 4+/5 on the right. This reveals no change from previous physical examinations dating back to 11/04/13. Imaging studies have not been submitted for review. There is no indication imaging studies of the lumbar spine previously have been completed. This is a request for 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 of Lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** Per American College of Occupational and Environmental Medicine (ACOEM), unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The records submitted for review do not include unequivocal objective findings that identify specific nerve compromise. Physical examinations do not reveal diminished sensation, diminished reflexes or decreased muscle strength about any specific dermatomal/myotomal distribution. Also, it is unclear from the records submitted as to whether the injured worker has had previous imaging studies of the lumbar spine. Based on the clinical information provided, the request for an MRI of the lumbar spine is not medically necessary.