

<b>Case Number:</b>	CM14-0067362		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/05/2014
<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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 records indicate the injured worker is a 43 year old male injured on 08/22/12. The most recent clinical note by primary treating physician dated, 04/04/14, indicates the injured worker presented with continued complaints of low back, mid back, and eye pain. At this time, the injured worker was not working. The injured worker reported pain associated with weakness and numbness in left leg along with a stabbing sensation. This pain radiates to left buttock, hip, leg, knee, foot, and toe. Examination of lumbar spine showed tenderness to palpation, guarding and spasms noted in the left paravertebral region, and trigger points noticeable in the left paraspinal muscle. Manual muscle testing revealed 4/5 strength with flexion, extension and, bilateral lateral bend. Range of motion restricted due to pain and spasm. Range of motion of lumbar spine: Flexion; 50, extension; 15, and right/left lateral bending; 15/15. Sensory exam revealed decreased sensation to light touch at the feet, left greater than right. Myotomes tested revealed 4/5 at L5, great toe extensor, L4 ankle extensor and S1 ankle flexors. Diagnosis: lumbar spasm. Primary treating physician is requesting MRI of lumbar spine. Request for MRI of lumbar spine was denied in previous UR dated 05/05/14.

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI

**Decision rationale:** This is a claimant with chronic low back pain following an industrial injury of 2012. There has been an examination on 11/15/13 and 12/3/13 which differs from the more recent examination of 2/7/14 in as much as there is weakness of L4 myotome not previously documented. Therefore the repeat MRI as requested is reasonable and medically necessary and is medically necessary. However the findings may or may not be causally related to the alleged industrial injury of 8/22/2012.