

<b>Case Number:</b>	CM14-0069615		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 46-year-old male with a 3/4/13 date of injury. The mechanism of injury occurred when the patient slipped and fell from the third floor to second floor stairs and injured his low back. According to a 4/30/14 medical-legal evaluation report, the patient complained of constant pain in his low back rated between a 4 to 6 on a scale of 0 to 10. He has been on modified work duties with limited lifting to 25 pounds. Objective findings: pain in the paralumbar region, pain and muscle guarding but no radicular pain, limited lumbar range of motion. Diagnostic impression: lumbar sprain/strain, healed L2 burst fracture. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/2/14 denied the request for lumbar MRI. The clinical information submitted for review provided evidence that the patient had no neurologic deficits; sensation, deep tendon reflexes, range of motion, and muscle strength were normal and intact throughout. Furthermore, the patient had no subjective complaints of numbness or tingling and experiences very little pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints Chapter.

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. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. There is no documentation that the patient's pain has a neuropathic component. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for Lumbar MRI was not medically necessary.