

<b>Case Number:</b>	CM14-0069655		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/18/2014
<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 Preventive 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:

According to the records made available for review, this is a 41-year-old male with a 2/14/08 date of injury. At the time (4/18/14) of request for authorization for MRI lumbar spine without contrast, there is documentation of subjective (low back pain and right lower extremity pain, pain rated 5/10, pain radiates to the right thigh and leg) and objective (lumbar spine range of motion limited by pain, straight leg raise positive on the right side at 90 degrees in sitting position, tenderness over the sacroiliac spine, 4/5 muscle strength on the right knee flexors and knee extensors, decreased light touch sensation over medial calf, lateral calf on the right side) findings. The current diagnoses is thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and treatment to date is medications and activity modification. The 4/4/14 medical report identifies a request for an MRI study in order to rule out any structural pathology that might require surgery, and to help to establish further recommendations regarding the patient's treatment plan. There is no documentation of plain radiographs findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Integrated Treatment/Disability Duration guidelines Low Back-Lumbar & Thoracic (updated 03/31/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis not otherwise specified. In addition, there is documentation of subjective/objective findings consistent with possible nerve compromise and failure of conservative treatment. However, despite documentation of a request for an MRI study in order to rule out any structural pathology that might require surgery, and to help to establish further recommendations regarding the patient's treatment plan, there is no documentation of plain radiographs findings. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine without contrast is not medically necessary.