

<b>Case Number:</b>	CM14-0076557		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 05/29/2011 while moving a table, it became caught in a rug and the injured worker strained her lower back and pelvis. The injured worker had a history of lower back pain. The diagnoses included thoracic spine strain, lumbar spine strain, and lumbar radiculopathy. The MRI dated 07/13/2011 revealed mild degenerative disc changes at L4-5 with 1 to 2 mm central disc bulge minimally encroaching on the thecal sac. The diagnostics included an x-ray of unknown results. The past treatments included chiropractic therapy, and medication. The medications included Fexmid. No VAS provided. The objective findings dated 04/07/2014 of the thoracic spine revealed tenderness to palpation on the upper/mid/lower paravertebral muscles with mild limitation of motion. The lumbar spine examination revealed tenderness to palpation on the upper/mid/lower paravertebral muscles. The range of motion was flexion of 30 degrees and extension of 20 degrees, increased pain with lumbar motion, and straight leg raising. Rectus femoris stretching site did not demonstrate any nerve irritability. The treatment plan included exercise, medication regimen, and followup in 4 weeks. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the MRI of the lumbar spine was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine w/o (without) dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging for neural or other soft tissue, computed tomography. The clinical notes were not evident of any specific nerve dysfunction. The clinical notes did not indicate that the injured worker had failed conservative treatment. Motor and sensory examination revealed normal findings. The injured worker was able to return to work with breaks. The documentation was not evident of measure efficacy of the current medication regimen. The request did not specify which region of the lumbar back was to be scanned. As such, the request for an MRI of the Lumbar Spine w/o dye is not medically necessary.