

<b>Case Number:</b>	CM14-0077021		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 32-year-old female with a reported date of injury on 03/06/2014. The mechanism of injury was noted to be a crush injury. Her diagnoses were noted to include lumbar spondylosis, lumbosacral myofascial strain, and left sciatica. Her previous treatments were noted to include chiropractic treatment, physical therapy, and medication. The progress note dated 05/07/2014 revealed the injured worker complained of left 5th finger pain and numbness, as well as low back pain which radiated into both buttocks and legs, as well as proximal towards her upper back. The physical examination of the thoracolumbar spine showed diffuse tenderness in the lumbosacral area, but no specific trigger point or hard spasm. The straight leg raise test was minimally positive bilaterally with low back pain. The neurological examination showed some weakness of the left extensor hallucis longus and hypesthesia of the left 5th finger. X-rays of the lumbar spine showed disc space narrowing and anterior hypertrophic spurring at the L3-4 level. The request for authorization form was not submitted within the medical records. The request was for an MRI of the lumbar spine due to left sciatic complaints and abnormal x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 303-305.

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The injured worker complains of low back pain with sciatica symptoms. The California MTUS/ACOEM Guidelines state 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. Indiscriminate imaging will result in false positive findings, such as disc 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 potential cause such as an MRI for neural deficits. The guidelines state an MRI can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.