

<b>Case Number:</b>	CM14-0078510		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family 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 33-year-old male who reported an industrial injury to the back on 10/7/2013, one (1) year ago, attributed to the performance of his usual and customary job tasks reported as lifting. The patient is being treated for the diagnosis of back pain, myofascial does, and sciatica. The patient continues to complain of lower back pain. The patient was treated with physical therapy; medications; and activity modifications. The objective findings on examination included normal lumbar spine range of motion and overall strength. The patient was taking Naprosyn on a PRN (when necessary) basis. The objective findings on examination included tenderness to palpation over the right L3-L5; motor strength was 5/5 throughout; tenderness palpation over the L4-S1 midline; reported positive SLR (straight leg raise). The treatment plan included a MRI of the lumbar spine to rule out discopathy.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

**Decision rationale:** The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine pain was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back which did not radiate to the lower extremities beyond the thighs. The patient was ordered a MRI of the lumbar spine to rule out HNP/discopathy as a screening study. There was no evidence of change in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was noted to have only lower back pain radiating to the thighs without any extension to the lower extremities. The diagnosis is consistent with a musculoligamentous sprain/strain without evidence of a nerve impingement radiculopathy. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the Les (lower extremities). The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment of a musculoskeletal sprain/strain. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI (date of injury). There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP (home exercise program) for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for chronic pain is not demonstrated to be medically necessary.