

<b>Case Number:</b>	CM14-0207635		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/30/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 29-year-old male with an original industrial injury on August 30, 2008. The injured worker has chronic low back pain. The provider documents lumbar radiculopathy in the assessment section of a note dated 6/5/2014. Physical exam notes a positive straight leg raise. The disputed issue is a request for MRI of the lumbar spine. This request was denied in a utilization review determination from November 20, 2014. The rationale for this denial was that there was no discussion of the results of previous MRI. The submitted report contained in legible handwritten notes.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), MRIs

**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 Topic

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM Practice Guidelines state 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, the submitted notes are handwritten and some are difficult to decipher. The injured worker has chronic low back pain. The provider documents lumbar radiculopathy in the assessment section of a note dated 6/5/2014. Physical exam notes a positive straight leg raise. Unfortunately, there should be additional information provided to justify a lumbar MRI at this juncture of the industrial injury. This injury is several years ago, and there is no documentation of previous workup or conservative treatment. This information is necessary in order to ascertain whether a current updated imaging is medically necessary. In the absence of clarity regarding these issues, the currently requested lumbar MRI is not medically necessary.