

<b>Case Number:</b>	CM14-0213662		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	11/03/2004
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 53 year old male who had industrial injury on 11/3/04 related to a motor vehicle accident. He had obtained xrays, MRI scans, physical therapy, surgery, and medications. Examination on 10/31/14 has a physician state the injured worker has complaints of constant lower back pain and left hip pain. Physical examination findings were tenderness over the lumbosacral junction and decreased sensation over the right lateral thigh. A Diagnosis of lumbar sprain rule out nerve root impingement was made. Treatment plan to do a MRI scan for on going pain was done. Examination on 12/9/14 state the injured worker has complaints of pain radiating down to his left foot with numbness in his left foot. Physical exam findings show decreased range of motion of the lumbar spine with tenderness and spasms to palpation in the back. A diagnosis was made on that date of lumbar radiculopathy. On 11/22/14 a non certification was made for the request for a MRI of the lumbar spine. The rationale for the denial was due to lack of documentation of unequivocal evidence of nerve compromise.

### 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 Between 10/31/2014 and 1/18/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

**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, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, the ACOEM 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. The 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, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. It is noted that one exam findings show decreased sensation over the lateral thigh, however, this is not an unequivocal objective finding. Furthermore, there is no documentation the injured worker has failed treatment and would consider surgery for this problem. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.