

<b>Case Number:</b>	CM14-0091382		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 55-year-old male, with a reported date of injury of 12/05/2013. The diagnoses include rule out right lumbar radiculopathy and diffuse degenerative osteoarthritis of the lumbar spine. Treatments to date included oral medications. The follow-up consultation report dated 05/23/2014 indicates that the injured worker complained of right knee pain, rated 8 out of 10; left knee pain, rated 6 out of 10; and low back pain with lower extremity symptoms, rated 7 out of 10. The objective findings include tenderness of the lumbar spine, lumbar flexion at 60 degrees, lumbar extension at 50 degrees, positive straight leg raise test, and spasm of the lumbo paraspinal musculature. Documentation notes at least 18 sessions of physical therapy with minimal improvement in pain. Medications include Tramadol and Naproxen. The treating physician requested an MRI of the lumbar spine to rule out discal/intradiscal component/mass effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304 and 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient has noted low back pains with positive straight leg raise. Pain has not improved despite 18 physical therapy sessions. Patient meets criteria to recommend MRI of lumbar spine due to failure to progress in treatment. Therefore, the request is medically necessary.