

<b>Case Number:</b>	CM15-0000213		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male sustained work related industrial injuries on November 21, 2014. The mechanism of injury involved slip and fall on water sustaining injury to hands, knees and right side. The injured worker subsequently complained of lower back pain. The injured worker was diagnosed and treated for lumbar sprain. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, ice/heat therapy, back brace, consultations and periodic follow up visits. Per treating provider report dated December 19, 2014, the injured worker reported right mid and low back that radiates to buttock. Additionally, the injured worker complained of right leg and thigh pain. Objective findings revealed thoracic and lumbar spine paraspinal tenderness and limited forward flexion at waist secondary to pain. The treating physician prescribed services for MRI lumbar spine now under review. On December 24, 2014, the Utilization Review (UR) evaluated the prescription for MRI lumbar spine requested on December 16, 2014. Upon review of the clinical information, UR non-certified the request for MRI lumbar spine, noting the request was premature without any lack of orthopedic or neurological findings that would support medical necessity. The MTUS, ACOEM Guidelines was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of MRI lumbar spine.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM chapter on low back complaints and imaging studies states: Table 12-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Per the ACOEM, imaging studies are indicated in the presence of red flag symptoms, when suspected cauda equina syndrome, tumor or fracture are strongly suspected or when surgery is being considered. There is no documentation of any of these criteria and no sudden change in the patient's physical exam. The patient has subjective complaints of pain radiating to the buttocks but no supportive physical exam findings of radiculopathy. In the absence of any other physician documentation to consider, the request is not certified.