

<b>Case Number:</b>	CM15-0008126		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 11/13/2014 due to moving a large patient. On 01/29/2015, she presented for an evaluation regarding her lumbar sprain. It was stated that she had undergone chiropractic therapy with no improvement. She reported pain in the lumbar spine rated a 7/10 at its best and a 10/10 at its worst, with radiation into the foot and ankle, left worse than the right. A physical examination showed joint integrity of the thoracic and lumbar spine was hypomobile and painful in the central PA and unilateral PA on the right and left, and hypomobile in the unilateral PA in the thoracic. There was tenderness in the erector spin. She was diagnosed with as sprain of the lumbar spine. The treatment plan was for an MRI of the lumbar spine. The rationale for treatment was to assess her ongoing symptoms.

### 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 Page(s): 303.

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

**Decision rationale:** According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine that was not responsive to conservative care. However, there is a lack of documentation showing that she has any neurological deficits to support the request for an MRI of the lumbar spine. In addition, documentation showing significant functional deficits was not provided for review. As such, the request is not medically necessary.