

<b>Case Number:</b>	CM15-0009026		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 30-year-old male who reported an injury on 02/19/2014. The mechanism of injury was a motor vehicle accident. Prior therapy included chiropractic care, rest, physical therapy, and medication. The injured worker underwent an MRI of the cervical spine on 10/07/2014 which was noncontributory to the request. The injured worker underwent x-rays of the lumbar spine that were within normal limits and without signs of spondylosis. The x-rays were dated 11/05/2014. The documentation of 11/12/2014 revealed the injured worker had low back pain. Medications were noted to include Lyrica 25 mg 1 at bedtime, Zipsor 25 mg 1 twice a day as needed, and Norco 10/325 mg 1 three times a day as needed. There was noted to be no surgical history. The physical examination of the lumbar spine revealed paravertebral muscles, hypertonicity, tenderness, tight muscle band, and trigger point with a twist response along with radiating pain on the left side. A lumbar facet test was positive on the left side. The straight leg raise was negative. The lower extremity reflexes were equal and symmetric. Sensory examination was within normal limits for all extremities. The diagnoses included disc disorder lumbar and spasm of muscle. The request was made for a lumbar MRI and x-ray results. The subsequent documentation of 12/10/2014 revealed the same physical examination findings. The documentation indicated the MRI for the lumbar spine was for the evaluation and treatment of low back pain. The injured worker was noted to have increasing symptoms of pain and increasing symptoms of radiculopathy.

### 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 Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back-lumbar and thoracic (Acute and chronic) MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that special studies are not recommended in the absence of red flags. There should be documentation of unequivocal objective findings that identify specific nerve compromise on the neurologic examination to warrant imaging on injured workers who do not respond to treatment and who would consider surgery an option. The duration of conservative care was not provided. The clinical documentation submitted for review failed to indicate the injured worker had unequivocal objective findings. As such, the request would not be supported. Given the above, the request for MRI of the lumbar spine is not medically necessary.