

<b>Case Number:</b>	CM15-0101172		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male patient who sustained an industrial injury on 11/19/2014. The accident was described as while working duty he was bending down picking up material and felt acute right sided low back pain. On 11/20/2014, the patient underwent radiography study of the lumbosacral spine that showed normal findings with no acute fracture. The first report of illness dated 11/20/2014 reported subjective complaint of experiencing right sided low back pain. The patient states, "I was lifting and bending to stage aluminum rack and twisted with the immediate sensation of lower and middle region back pains." Objective findings showed tenderness to palpation to spinous process, paravertebral muscles, sacroiliac joint, buttocks and paraformis. He was given a prescription for Tramadol 50mg and a course of acupuncture. A more recent visit dated 01/26/2015 reported chief complaint of back pain. He described the pain as severe and radiates in to the lower back, buttocks and is associated with swelling, tingling, stiffness, and weakness. Current medications are: Flexeril, and Motrin. Objective findings showed lumbar tenderness; right greater, L5-S1 and limited flexion / extension. He is diagnosed with lumbar strain. The plan of care involved: recommendation to undergo a second series of physical therapy, consider acupuncture, continue with medications, and follow up visit. The patient was released to a modified work status on 01/26/2015. By 03/10/2015, the chief complaint was back pain. There are pending magnetic resonance imaging results. The patient reports having stopped taking Motrin and Flexeril with note of they have been helping, as without he is experiencing intractable pain.

## **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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for low back pain. When seen, he was having localized low back pain radiating to the buttocks rated at 9/10. There was lumbar spine tenderness with decreased range of motion. He was starting another course of physical therapy. His condition was unchanged from the previous visit. X-rays of the lumbar spine have been negative. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or complaints or physical examination findings of severe or progressive radiculopathy that would support the need for obtaining an MRI scan which therefore was not medically necessary.