

<b>Case Number:</b>	CM15-0131167		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Preventive Medicine, Occupational 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:

This is a 67 year old female with an April 10, 2015 date of injury. A progress note dated June 9, 2015 documents subjective complaints (coccyx pain; cramping from the lower lumbar spine traveling down the right lower extremity posteriorly, below the knee, intermittently into the foot), objective findings (tenderness present at the lower portion of the sacrum and at the right lumbar paraspinal muscles and at the right sciatic notch; decreased range of motion of the lumbar spine with all maneuvers producing posterior right gluteal pain; pinprick sensation over L2-S1 is diffusely increased over the entire right lower extremity compared to the left side; tenderness present at the coccyx distally, without and motion noted on palpation), and current diagnoses (fracture of the coccyx, acute; spondylolisthesis, acute). Treatments to date have included physical therapy, medications, x-rays of the coccyx (June 9, 2015; showed distal coccyx fracture with good apposition and position maintained), and x-rays of the lumbar spine (June 9, 2015; showed grade 1 L4-5 spondylolisthesis). The treating physician documented a plan of care that included magnetic resonance imaging of the lumbar spine.

### 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, 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case the injured worker had x-rays of the coccyx (June 9, 2015; showed distal coccyx fracture with good apposition and position maintained), and x-rays of the lumbar spine (June 9, 2015; showed grade 1 L4-5 spondylolisthesis). There is no documented concern for red flags and no signs of neurological compromise on physical exam. The request for MRI of the lumbar spine is determined to not be medically necessary.