

<b>Case Number:</b>	CM15-0136923		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 20 year old female with an industrial injury dated 08-16-2014. The injured worker's diagnoses include lumbar sprain and strain and myospasm. Treatment consisted of diagnostic studies, prescribed medications, chiropractic treatment, therapy, and periodic follow up visits. In a progress note dated 03-06-2015, the injured worker reported increased low back pain with no improvement with treatment. The injured worker rated pain a 7 out of 10. The injured worker also reported that she is unable to stand on her right side due to pain. Objective findings revealed mild pain with range of motion, tightness in the paraspinals region, restricted motion and slight intersegmental tenderness in the thoracic and lumbar spine. X-ray of the lumbar spine revealed no osseous findings. Magnetic Resonance Imaging (MRI) of the lumbar spine revealed mild posterior disk protrusion at L4-5. The treatment plan consisted of acupuncture therapy. The treating physician prescribed retrospective request for Magnetic Resonance Imaging (MRI) Lumbar Spine Neutral-Flexion-Extension views DOS: 5-15-15, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro MRI Lumbar Spine Neutral/Flexion/Extension views DOS: 5/15/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. In this case, there is no documentation of red flags or change in the patient's symptoms suggestive of a new pathology. Therefore, the retrospective request for MRI Lumbar Spine Neutral/Flexio/Extension views is not medically necessary.