

<b>Case Number:</b>	CM15-0146876		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, 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 43 year old male, who sustained an industrial injury on April 9, 2015. He reported sharp back pain rated at 9 on 10. Treatment to date has included medication, cold and heat therapy, stretching exercises, x-rays, back support, modified activity, chiropractic care and home exercise program. Currently, the injured worker complains of intermittent mid and low back pain that is described as dull and moderately severe. The pain is exacerbated by lifting and he rates his pain at 2 on 10. The injured worker is currently diagnosed with back pain, lumbar sprain-strain and thoracic sprain-strain. His work status is return to full duty. A progress note dated May 1, 2015, states the injured worker experiences pain relief from medication, cold therapy and stretching. A progress note, from a chiropractic appointment, dated May 28, 2015 states the injured worker is experiencing improved strength and range of motion. A lumbar spine MRI, without dye, is requested to assist with diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the lumbar spine without dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, it appears that the patient is improving. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.