

<b>Case Number:</b>	CM15-0163553		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 47-year-old male who sustained an industrial injury on June 19, 2015 resulting in low back pain and numbness in his left leg. Diagnoses include lumbar strain with radiculopathy and degenerative disc disorder of the lumbar spine. Documented treatment has included medication including Flexeril, Ibuprofen and Norco, use of lumbar support, and work restrictions. The injured worker continues to present with radiating low back pain, and Physician report of June 25, 2015 cites an x-ray dated June 24, 2015 where there was noted spondylolisthesis, and possible non-compressed fracture of vertebral endplates of L2-L3. The treating physician's plan of care includes MRI of the lumbar spine. The injured worker is on work restrictions.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**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): Indications for imaging.

**Decision rationale:** The claimant sustained a work injury on 06/19/15 when he was struck from behind while in a squat position. He was pushed forwards onto his hands and knees and had pain radiating into the left leg. A lumbar x-ray showed findings of spondylolisthesis and a possible L2-3 vertebral and plate compression fracture. He was seen on 07/16/15. He was wearing a back support and working with restrictions. He was having difficulty filling his prescriptions. There had been very slight improvement. Physical examination findings included a BMI of over 27. There was diffuse lumbar and paraspinal tenderness with a normal neurological examination. Authorization for a lumbar MRI is being requested. Applicable indications for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit or when there is radiculopathy after at least one month of conservative treatment. In this case, there are no neurological deficits and no physical examination findings of radiculopathy. The injury was less than one month prior to this request. An MRI of the lumbar spine was not medically necessary.