

<b>Case Number:</b>	CM15-0185718		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on July 9, 2014. The initial symptoms reported by the injured worker are unknown. Current diagnoses included lumbosacral sprain and strain and rule out lumbar disc protrusion. Treatment to date has included massage, chiropractic treatment, medication and acupuncture. On August 12, 2015, the injured worker complained of frequent, sharp and lower back pain. The pain was noted to be "moderate." There was radiation to the right foot with numbness, tingling and weakness associated with sitting, standing, walking, bending, twisting and stooping. Medication, massage and acupuncture were noted to provide "relief." Physical examination revealed tenderness to palpation of the L3-5 spinous processes, L5-S1 processes, right sacroiliac joint and spinous processes. Lumbar spine range of motion was noted as extension 20 degrees and flexion 44 degrees. The treatment plan included medications, continuation of acupuncture treatment, topical creams, x-rays, MRI, CT scan and EMG-NCV. On August 21, 2015, utilization review denied a request for an MRI 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 Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's relevant working diagnoses are lumbosacral sprain strain; thoracic sprain strain; insomnia, anxiety and depression. For additional diagnoses see the list for progress note August 12, 2015. Date of injury is July 9, 2014. Request for authorization is August 14, 2015. According to an August 12, 2015 progress note, the injured worker has multiple complaints. With regards the low back, the injured worker complaints of frequent low back pain with radiation to the right foot. Injured worker obtains relief with medications and acupuncture. Objectively, there is decreased range of motion number of spine tenderness to palpation from L3 spinous process to L5. There is no neurologic examination. There is no evidence of unequivocal objective findings that identify specific nerve compromise. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no unequivocal objective findings that identify specific nerve compromise, MRI of the lumbar spine is not medically necessary.