

<b>Case Number:</b>	CM15-0199215		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male, who sustained an industrial injury on 9-29-2011. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain, myospasms, and lumbar disc herniation. According to the progress report dated 8-13-2015, the injured worker presented with complaints of low back pain. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the lumbar spine reveals tenderness, paraspinal spasm, and decreased range of motion. The medications prescribed are Naproxen, Cyclobenzaprine, Pantoprazole, and topical compound cream. Previous diagnostic studies include MRI of the lumbar spine (8-12-2013). Treatments to date include medication management, physical therapy, and caudal epidural steroid injection. Work status is described as modified duty. The original utilization review (9-12-2015) had non-certified a request for 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:

**Magnetic resonance imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Work Loss Data Institute, Low Back Chapter - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "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)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 8/13/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.