

<b>Case Number:</b>	CM15-0204637		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 50 year old male who sustained an industrial injury on April 29, 2015. The worker is being treated for: low back contusion, and lumbar spine sprain. Subjective: April 29, 2015, reports initial complaints of lower back pain. May 15, 2015, low back pain, continued stiffness in the left side mid and lower back. Objective: April 29, 2015, May 15, 2015, antalgic with difficulty getting up and down from examination table, lumbar spine range of motion is limited with pain during flexion, extension and lateral bending; tenderness to left paralumbar with positive spasm on left paralumbar muscles and mild swelling in the left sacroiliac joint area. Medication: May 15, 2015, June 12, 2015, Ibuprofen, Methocarbamol. Diagnostic: radiography study of lumbar spine, initial examination. Treatment: modified duty, activity modification, and physical therapy session. On September 29, 2015 a request was made for MRI of lumbar spine without contrast that was noncertified by Utilization Review on September 29, 2015.

### 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 working diagnoses are low back contusion; and lumbar spine strain. Date of injury is April 29, 2015. Request for authorization is September 21, 2015. According to August 31, 2015 progress note, subjective complaints include low back pain that radiates to the posterior thigh and lower extremity weakness. There has been some improvement with physical therapy. Medications include ibuprofen and Methocarbamol. Objectively, motor is 5/5 with normal sensation. Range of motion is decreased and there is tenderness to palpation lumbar spine paraspinals. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There were no red flags. There is no evidence of radiculopathy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no unequivocal objective findings that identify specific nerve compromise on the neurologic examination, MRI of the lumbar spine is not medically necessary.