

<b>Case Number:</b>	CM15-0029953		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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

### 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 28-year-old female who sustained an industrial injury on 12/05/2014. Current diagnosis includes sprain, lumbar spine. Previous treatments included medication management, chiropractic therapy, physical therapy, and home exercise program. Report dated 02/17/2015 noted that the injured worker presented with complaints that included pain in the lower back. Pain level was rated as 6-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/20/2015 non-certified a prescription for MRI of the lumbar spine without contrast, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM in making this decision.

### 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 without Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, Indications for magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain radiating down into the lower extremities. The request is for MRI L/S WITHOUT CONTRAST. Per 01/14/15 Request for Authorization form, patient's diagnosis includes sprain, lumbar spine. Physical examination on 12/24/14 to the lumbar spine revealed tenderness to palpation in the lower lumbar paraspinal region, mostly on the left side. There was no sciatica. Straight leg raising test was negative bilaterally. Patient has had physical therapy and chiropractic with benefits. Patient's medication per 02/17/15 progress report includes Lidoderm Patches. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. In 01/14/15 progress report, treater states, "... I will order an MRI of the lumbar spine to assess for any disc pathology or radiculopathy." Patient's diagnosis per 01/14/15 Request for Authorization form includes sprain, lumbar spine. In review of the medical records provided, there is no evidence of a prior MRI. Per 02/17/15 progress report, treater states that patient is doing much better with chiropractic treatments and that she reports less pain and better range of motion. In the same report, treater states that patient's sciatica is less frequent and it did not go all the way down into her foot like it did before and that the Lidoderm patches help with the sciatica and the back pain. Although the patient shows some progress, pain persists with some radicular symptoms. Given that the patient has not had an MRI yet, the request is in line with ODG guidelines for chronic pain. The request IS medically necessary.