

<b>Case Number:</b>	CM15-0039455		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency 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 64-year-old male, who sustained an industrial injury on 11/3/2014. He has reported motor vehicle accident with rib and back pain. The diagnoses have included chest wall contusion, lumbar neuralgia, muscle spasms back, and lumbar sprain/strain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of low back pain. There was restricted ROM. The provider documented that he was 72 days post accident with residual significant pain. The physical examination from 1/14/15 documented an abnormal gait, chest wall tenderness. There were spasms noted to thoracolumbar spine and paravertebral muscles with tenderness L1-S bilaterally. There was restricted ROM. The provider documented a request for a Magnetic Resonance Imaging (MRI) to rule out disc injury to the lumbar spine as soon as possible (ASAP). The plan of care included continuation of physical therapy and modified duty until results of a Magnetic Resonance Imaging (MRI) were obtained.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The requested MRI lumbar spine without contrast is not medically necessary. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The injured worker has low back pain. The treating physician has documented spasms noted to thorac lumbar spine and paravertebral muscles with tenderness L1-S bilaterally. There was restricted ROM. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine without contrast is not medically necessary.