

<b>Case Number:</b>	CM15-0041980		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on January 13, 2102. The injured worker was diagnosed with musculoligamentous strain of the cervical spine and lumbar radiculopathy. The latest magnetic resonance imaging (MRI) of the lumbar spine was noted as March 7, 2012. According to the primary treating physician's progress report on January 28, 2015, the injured worker continues to experience low back pain with pain to the bilateral lower extremities with numbness and tingling and weakness in the bilateral feet. He also has pain and stiffness in the neck and shoulder blades with numbness and tingling in both hands. The examination of the lumbar spine demonstrated tenderness of the lumbosacral junctions and bilateral flank regions and bilateral tenderness of the sacroiliac joints and buttocks with decreased range of motion. The lower extremities revealed tenderness of the sciatic nerves bilaterally down to the calves, decreased motor strength, and paresthesia of the bilateral feet. Absent deep tendon reflexes in both knees and ankles symmetrically were noted. Straight leg raise was positive bilaterally. According to the primary treating physician an updated magnetic resonance imaging (MRI) studies was requested prior to proceeding with further treatment. The injured worker should continue with medication and home exercise program with stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Lumbar & Thoracic, MRI's (magnetic resonance imaging).

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

**Decision rationale:** The MTUS states that 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. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary.