

<b>Case Number:</b>	CM15-0047333		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 02/04/2012. He has reported subsequent back pain and was diagnosed with multilevel lumbar spondylosis and lumbar myofascial pain. Treatment to date has included oral pain medication, chiropractic treatment, application of ice and physical therapy. In a progress note dated 02/20/2015, the injured worker complained of low back pain with radiation to the right leg along with numbness and tingling in the feet and hands. Objective findings were notable for discomfort with facet loading maneuvers on the right, pain with straight leg raise, tenderness over the right piriformis muscle and sciatic notch and positive bilateral Phalen's and Durkan's tests. A request for authorization of MRI of the lumbar spine was made due to worsening pain radiating down the right leg.

### 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 ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305, 308-310.

**Decision rationale:** The claimant suffered an injury to his low back in 2012. The request is for an MRI of the LS spine due to worsening pain radiating down the right leg. The ACOEM guidelines indicate that MRI may be appropriate if physiologic evidence indicates tissue insult or nerve impairment. Examination of the records does not reveal objective evidence of progressive neurologic dysfunction. In fact, the claimant noted improvement of his symptoms with stretching and chiropractic treatments. His physical examination revealed normal range of motion of his LS spine, as well as normal muscle strength, sensation and reflexes in the lower extremities. Criteria for ordering imaging studies include: 1) emergence of a red flag 2) physiologic evidence of tissue insult or nerve dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery and 4) clarification of the anatomy prior to an invasive procedure. This claimant meets none of the criteria; therefore, the request for an MRI is not medically necessary.