

<b>Case Number:</b>	CM15-0053235		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 53-year-old female, with a reported date of injury of 12/20/2013. The diagnoses include lumbar disc degeneration, facet arthrosis, lumbar spine strain/sprain, lumbar disc displacement, and radicular syndrome of the lower limbs. Treatments to date have included oral medications. The progress report dated 03/02/2015 indicates that the injured worker complained of low back pain with radiation to the both feet with weakness and bilateral lower extremity pain. The objective findings include decreased lumbar spine range of motion; tenderness to palpation of the bilateral multifids muscles, L5-S1 spinous processes, and bilateral longissimus; positive bilateral Lasegue's test with pain along the low back; and associated guarding. The treating physician requested an MRI of the sacrum.

### 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 sacrum:** Upheld

**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 (ODG), Low Back, MRI.

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

**Decision rationale:** The claimant's date of injury was 12/30/13 (mechanism not stated) with subsequent low back pain. An MRI of the LS spine revealed multiple degenerative changes. The request is for an MRI of the sacrum. The ACOEM guidelines do not support an MRI of the sacrum due to lack of acute trauma and/or findings of sacral pathology. It appears that a repeat MRI of the lumbar spine may be indicated based on the patient's change in symptoms, but the request for a sacral MRI is deemed not medically necessary.