

<b>Case Number:</b>	CM15-0083288		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Internal 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 24-year-old male, with a reported date of injury of 02/17/2012. The diagnoses include lumbar radiculopathy, lumbar discogenic pain, lumbar sprain, and low back pain. Treatments to date have included urine drug test, pain medication, physical therapy, x-rays of the lumbar spine, and an MRI of the low back on 2012 which showed disc damage. The initial evaluation report dated 02/26/2015 indicates that the injured worker complained of frequent sharp and burning low back pain. The pain radiated to the bilateral buttocks, left hip, thigh, knee, and foot with weakness in the left foot. The pain was rated 2 out of 10. The physical examination showed tenderness to palpation over the lower lumbar spine at L4, L5, and S1, negative straight leg raise, and decreased lumbosacral range of motion due to pain in all planes. It was noted that the injured worker was to return to his full-duty status without any restrictions per his request. The treating physician requested an MRI of the lumbar spine.

### 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): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's initial evaluation report dated February 26, 2015 documented that lumbosacral spine examination revealed tenderness to palpation over the lower lumbar spine segment at L4, L5, and S1 level. Range of motion of the lumbosacral spine demonstrated flexion 55 degrees. Extension was 20 degrees. Lateral flexion was 20 degrees. There is negative straight leg raise. The primary treating physician's initial evaluation report dated February 26, 2015 documented a history of the patient's injury. The patient states that on February 17, 2012, he sustained injury to his back. The patient was referred to the company doctor. The patient was examined, pain medication was prescribed, and physical therapy was initiated. X-rays were also obtained. The patient was subsequently referred by the company doctor for an MRI of the low back. The MRI showed disc damage. Neurologic deficits were not documented on physical examination. The 2/26/15 report was an initial evaluation report. On this initial evaluation, the physician noted that X-rays were obtained in the past, but did not document the results. On this initial evaluation, the physician noted that MRI of the low back was performed in the past, but the MRI report was not documented. The date and radiologist's report of the MRI was not documented. Therefore, the request for a repeat MRI of the lumbar spine is not supported. Therefore, the request for a repeat MRI of the lumbar spine is not medically necessary.