

<b>Case Number:</b>	CM15-0089239		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a March 7, 2014 date of injury. A progress note dated March 24, 2015 documents subjective findings (back pain continually; numbness of the left leg when standing), and objective findings (decreased range of motion of the lumbar spine; normal strength in the bilateral legs). The medical record documents current diagnoses as thoracic or lumbosacral neuritis or radiculitis, and notes that the injured worker has a disc herniation at the L3-4 segment. Treatments to date have included medications, and magnetic resonance imaging of the lumbar spine performed at the time of the injury. The treating physician documented a plan of care that included a magnetic resonance imaging 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 lumbar spine:** Overturned

**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  
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**Decision rationale:** ACOEM notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological 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. ODG, Low Back Procedure Summary, Indications for MRI Thoracic spine trauma with neurological deficit; Lumbar spine trauma with neurological deficit; Lumbar spine trauma, seat belt (chance) fracture (if focal, radicular findings or other neurologic deficit); Uncomplicated low back pain: suspicion of cancer, infection or 'other red flags'; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurologic deficit related to spinal cord), traumatic; Myelopathy, painful Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease injured worker; Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits a lumbar radiculopathy which has failed conservative treatment and has become progressively worse. This complaint meets the aforementioned indications for lumbar MRI Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.