

<b>Case Number:</b>	CM15-0239695		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	08/30/2015
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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: Texas, Illinois

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 22 year old male, who sustained an industrial injury on 8-30-15. The injured worker was being treated for lumbar strain. On 10-26-15, the injured worker reports his back pain is not much better even after a course of physical therapy. Work status is noted to be modified duties. Physical exam performed on 10-26-15 revealed tenderness, pain and spasm of lumbar area with a normal gait. Treatment to date has included physical therapy and activity modifications. On 11-3-15 request for authorization was submitted for MRI of lumbar spine and spine specialist consult after MRI. On 11-9-15 request for MRI of lumbar spine and spine specialist consult after MRI was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) single positional lumbar MRI no contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The injured worker sustained a work related injury on 8-30-15. The medical records provided indicate the diagnosis of lumbar strain. Treatments have included physical therapy, work restriction. The medical records reviewed did not reveal any neurological abnormality. The MTUS does not recommend imaging except in patients who do not respond to treatment and where surgery would be considered in cases presenting with unequivocal objective findings of specific nerve compromise, or following a positive electrodiagnostic testing in cases with equivocal objective findings of neurological compromise. The request for One (1) single positional lumbar MRI no contrast is not medically necessary.

**One (1) spine specialist consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker sustained a work related injury on 8-30-15. The medical records provided indicate the diagnosis of lumbar strain. Treatments have included physical therapy, work restriction. The medical records reviewed did not reveal the presence of any neurological abnormality. The MTUS does not recommend spinal consultation except in cases presenting with: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise: Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. The Medical records do not reveal that the injured worker qualifies in any of the above categories. The request for One (1) spine specialist consultation is not medically necessary.