

<b>Case Number:</b>	CM14-0102882		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/24/1978
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 69-year-old male who reported an injury on 08/24/1978. The mechanism of injury was not provided within the medical records. The clinical note dated 06/11/2014 indicated diagnoses of low back pain and lumbar radiculopathy. On physical examination of the thoracolumbar spine, range of motion revealed flexion of 20 degrees bilaterally, extension of 10 degrees bilaterally, lateral flexion of 10 degrees bilaterally, and rotation of 10 degrees bilaterally. The injured worker had a straight leg raise test that was positive on the left at 30 degrees. The injured worker's motor exam was 4+ bilaterally. The injured worker's sensation was decreased in the entire left lower extremity and he ambulated with a cane. There was tenderness to palpation at L4-5 and L5-S1. The injured worker's prior treatments included medication management. The provider submitted a request for lumbar spine MRI. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Chapter.

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

**Decision rationale:** The request for Lumbar Spine MRI is non-certified. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is a lack of objective findings or physiologic evidence indicating specific nerve compromise per neurological examination to warrant imaging. In addition, there was lack of conservative care documented in the documentation submitted for review. Therefore, the request for lumbar MRI is non-certified.