

<b>Case Number:</b>	CM14-0124830		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 22-year old patient with a 10/1/13 date of injury. Mechanism of injury was slip and fall. According to the treatment report, the patient initially sought treatment from his chiropractor 3 weeks after the accident, complaining of lumbar throbbing, stiffness, and sharp stabbing pain. He also noted coccyx, left lumbar, and left posterior pelvis pain. He was scheduled for 2 chiropractic visits a week x 3 weeks. The patient began occupational therapy on 05/24/14. There is mention in the exam notes of a lumbosacral spine x-ray showing disc narrowing at L5-S1. Physical examination revealed tenderness directly over the lumbar spine, as well as painful hypertonicity of the paraspinous muscles. Ranges of motion in the lumbar spine are antalgically restricted. Neurological exam reveals 3+ deep tendon reflex (DTRs) bilaterally, and a Negative Straight Leg raise test. He was begun on oral and topical medications, and was referred to physical therapy. Physical therapy notes are present from 06/19/14 to 07/02/14, and reflect continued pain with gradual The patient began occupational therapy on 05/24/14. There is mention in the exam notes of a lumbosacral spine x-ray showing disc narrowing at L5-S1. Physical examination revealed tenderness directly over the lumbar spine, as well as painful hypertonicity of the paraspinous muscles. Ranges of motion in the lumbar spine are antalgically restricted. Neurological exam reveals 3+ DTRs bilaterally, and a Negative Straight Leg raise test. He was begun on oral and topical medications, and was referred to physical therapy. Physical therapy notes are present from 06/19/14 to 07/02/14, and reflect continued pain with gradual lateralization of pain to the left leg. When reevaluated by occupational therapy on 07/11/14, the DTRs were 2+ bilaterally, and there was now a Positive Straight Leg Raise test on the left. No documentation is recorded regarding any sensory or motor deficits, or further nerve tension signs. Treatment to date: medications, physical therapy, chiropractic therapy. An adverse determination was received on 7/14/14; because there was inadequate documentation of

neurological deficit, the request for an MRI of the lumbar spine was deemed not medically necessary.

### **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.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. This patient has a history of lumbar spine pain of 9 months duration, recalcitrant to conservative care. There is a history of progressive lateralization of pain to the left lower extremity, and a Positive Straight Leg Test on the left on his last physical exam; however, the guidelines are clear about the need for documentation of specific nerve compromise or specific neurological deficit on physical examination. Since a comprehensive neurological examination was not performed, this burden has not been met. Therefore, the request for an MRI of the Lumbar Spine is not medically necessary.