

<b>Case Number:</b>	CM14-0146900		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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:

The patient is a 53-year-old female who has submitted a claim for chronic coccydynia, and chronic lower back pain rule out lumbar instability without signs or symptoms of spinal cord compression or cauda equina syndrome associated with an industrial injury date of March 2, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the tailbone that is worse when she sits for a long time. Examination of the lumbar spine revealed tenderness in the coccygeal region, absence of tenderness and spasm of the lower lumbar spine, decreased flexion and extension, negative SLR test bilaterally, and negative Faber sign. Neurologic testing of the lower extremities was normal except for absent DTRs in both knees and 1/4 in both gastrocnemius tendons. Treatment to date has included medications and physical therapy. Utilization review from September 5, 2014 denied the request for MRI Lumbar Spine without contrast #1 because there was no subjective or objective complaints that would indicate possible nerve compromise. There had also been no evidence of any conservative measures tried to treat the complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without contrast #1:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of pain in the tailbone. Recent progress notes do not mention any pain located on the lumbar area. Neurologic exam did not show any specific nerve compromise with only the DTRs being the only abnormal finding. No red flags are present. There was no evidence of at least 1 month of conservative therapy. The indication for an MRI of the lumbar spine is not clear. Therefore, the request for MRI Lumbar Spine without contrast #1 is not medically necessary.