

<b>Case Number:</b>	CM14-0160123		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation 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 injured worker is a 25-year-old male who reported an injury on 01/04/2013. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar spine sprain/strain, lumbar disc injury, myofascial pain syndrome, and left S1 lumbosacral radiculopathy. The injured worker's past treatments included medications and epidural steroid injections. The injured worker's diagnostic testing included an official MRI of the lumbar spine on 02/26/2013 which indicated mild disc space narrowing at L5-S1 with mild to moderate disc desiccation; at L4-5, a 2 mm right paracentral protrusion with mild dorsal bulging of the disc and facet arthrosis; at L5-S1, a 4 mm left central disc protrusion and annular fissure with mild to moderate left S1 lateral recess stenosis. The injured worker's surgical history was not provided. On the clinical note dated 09/16/2014, the injured worker complained of low back pain and bilateral legs. The injured worker had decreased lumbar spine range of motion and positive straight leg raise test. The injured worker's medications included tramadol 50 mg daily. The request was for MRI of the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The injured worker is diagnosed with lumbar sprain/strain, lumbar disc injury, myofascial pain syndrome, and left S1 lumbosacral radiculopathy. The injured worker complained of low back pain and bilateral legs. The California 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. When the neurologic examination is less clear however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consult the selection of an imaging test to define potential cause (MRI) for neural or other soft tissue. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. There is a lack of documentation that indicates significant objective functional deficits to warrant an additional MRI of the lumbar spine. There is a lack of documentation which demonstrates the conservative care has failed to provide relief. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. Additionally, the requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for MRI of the lumbar spine is not medically necessary.