

<b>Case Number:</b>	CM14-0161470		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 and 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 30-year-old male who reported an injury on 07/29/2014. The mechanism of injury was lifting. The injured worker's diagnoses included lumbar strain, lumbar radiculopathy, sexual dysfunction, headaches, and anxiety and depression regarding industrial industry. The injured worker's past treatments included a home exercise program, lumbar support, and rest. The injured worker's diagnostic testing included lumbar spine x-rays on 07/31/2014, which were normal. No relevant surgical history was provided. The injured worker was evaluated on 08/29/2014 for complaints of low back pain without paresthesias, numbness, or tingling. He did report increased pain with ambulation. The clinician observed and reported range of motion of the lumbar spine to be 60% of normal in most planes with moderate pain. Deep tendon reflexes were 2+ equal and normal. Dorsiflexion with both feet was strong and good. Extensor hallucis longus are good and strong. Heel toe walk was intact. Gait was nonantalgic. Straight leg raise in the supine and sitting positions were negative. The clinician observed the injured worker exit the office and walk across the street, approximately 200 feet, in an erect walking position without any appearance of pain. The treatment plan was to request an MRI of the lumbosacral spine for further evaluation. The injured worker was evaluated on 09/03/2014 for complaints of low back pain with radiation down the legs. The clinician observed and reported that the lumbar spine was tender to palpation midline and paraspinally with positive paraspinal muscle spasms and mild swelling. The range of motion was measured at 0 to 50 degrees of flexion, 0 to 20 degrees of extension, and bilateral lateral bending 0 to 20 degrees. The Faber test was negative bilaterally. The straight leg test was positive bilaterally at hip flexion of 60 degrees, giving paresthesias into the bilateral lower extremities. Sensation was decreased to light touch in the bilateral L3-5 distributions and intact in all others. Motor strength was 5-/5 in the bilateral hip flexors of quadriceps, and 5/5 in the hamstrings, ankle dorsiflexors, ankle

plantarflexors, and extensor hallucis longus. There were 2+ symmetric patellar and Achilles reflexes. There was no sign of clonus in either lower extremity. The clinician's treatment plan was to request an MRI and an EMG/NCV, initiate Norco 10/325 mg for pain, and Cyclobenzaprine 5 mg for muscle spasms. The injured worker's medications included Ibuprofen. The request was for lumbar MRI. The rationale for the request was for evaluation of lumbar spine strain. The Request for Authorization form was submitted on 09/02/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** The request for lumbar MRI is medically necessary. The injured worker had completed 1 month of conservative therapy and had progressive neurologic deficit. The California MTUS/ACOEM Guidelines do recommend MRIs in cases of unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment, and who will consider surgery an option. The injured worker had been treated with anti-inflammatories, rest in the form of a back brace, a home exercise program, and occupational therapy. The most recent documentation indicated decreased sensation to light touch in the bilateral L3-5 distributions, and intact in all others. Motor strength was slightly decreased at the bilateral hip flexors and quadriceps. The straight leg raise had changed from negative on 08/29/2014 to positive on 09/03/2014. Therefore, the request for lumbar MRI is medically necessary.