

<b>Case Number:</b>	CM14-0168873		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, has a subspecialty in Interventional Spine 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 30 year old with an injury date on 7/24/14. Patient complains of constant upper back pain rated 4/10, and constant low lumbar pain radiating to mid back and left testicle, rated 5/10 per 8/20/14 report. Based on the 8/20/14 progress report provided by treater, the diagnoses are: 1. thoracic spine s/s2. lumbar spine s/s3. left testicular pain Exam on 8/20/14 showed "L-spine range of motion decreased by 50% in flexion/extension." Sensation is intact in all tested dermatomes. Straight leg raise is negative bilateral but has L5-S1 area discomfort with left straight leg raise to 80 degrees per 8/4/14 report. Patient's treatment history includes medications, X-rays, lumbar support, and home exercise program. Treater is requesting MRI of the lumbar spine. The utilization review determination being challenged is dated 9/22/14 and denies request due to a lack of a comprehensive neurological examination that shows deficits and indications of red flags.

### 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:** Overturned

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI under Lower Back, Protocols

**Decision rationale:** This patient presents with upper/lower back pain radiating to mid back/left testicle. The treater has asked for MRI of the lumbar spine on 8/20/14. Review of the reports does not show any evidence of lumbar MRIs being done in the past. Treater states the MRI is requested to rule out underlying pathology and/or mechanical injury per 8/20/14 report. 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 physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. In this case, the patient does complain of radicular pain, and possible positive straight leg raise (SLR). The requested MRI of the lumbar spine appears reasonable in this case. The request is medically necessary.