

<b>Case Number:</b>	CM14-0213916		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 27 year-old male who was injured on 10/8/12 when he was pushed a cart out of the way of an upcoming car and felt back pain. The patient complained of low back and bilateral hip pain. One exam, he had positive straight leg raise on the right, spasm and tenderness of thoracic paraspinal muscles, with decreased range of motion of back, leg, and hip. He had normal strength testing except for the circumduction of the right leg, hyper knee and ankle reflexes, decreased pinprick of right medial knee and right posterior leg. He also complained of leaking urine. He had MRI of cervical and thoracic spine showing T5-7 and T11-12 disc herniations. He was diagnosed with lumbar radiculopathy, dystonic scoliosis of the thoracolumbar spine, and transient symptoms of neurogenic bladder, thoracic myelopathy, cervicogenic headaches, sacroiliac joint dysfunction. He had physical therapy with improvement and continued with a home exercise program. The current request is for MRI of lumbar spine that was denied by utilization review on 12/3/14. The MRI was requested because the patient had loss of muscle mass in the right calf and limited range of motion of the right hip.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-MRIs

**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 unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. He had neurological findings that did not point to a specific dermatome. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Patient also had improvement in symptoms after his physical therapy sessions. Because of these reasons, the request for lumbar MRI is medically unnecessary.