

<b>Case Number:</b>	CM14-0217951		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male with an industrial injury dated 09/25/2014. His diagnoses include lumbar and thoracic strain/sprain, thoracic muscle spasms, and back pain. Recent diagnostic testing has included x-rays of the lumbar and thoracic spines (no dates) which was noted to be normal. He has been treated with pain medications for several months. In a progress note dated 11/25/2014, the treating physician reports intermittent lumbar spine pain described as sharp and moderately severe (7/10) and without radiating symptoms, despite treatment. The objective examination revealed spasms in the lumbar spine without tenderness and slightly decreased range of motion. The treating physician is requesting a MRI of the lumbar spine which was denied by the utilization review. On 12/05/2014 Utilization Review non-certified a request for a MRI of the lumbar spine, noting the absence of documented evidence of neurological, motor or sensory deficits. The ACOEM Guidelines were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

### 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 Page(s): 303. Decision based on Non-MTUS Citation Independent Medical

Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

**Decision rationale:** This patient presents with low back pain. The treater is requesting MRI LUMBAR SPINE. The RFA dated 12/11/2014 shows a request for MRI Lumbar Spine. The patient's date of injury is from 09/25/2014, and he is currently on modified duty. The ACOEM Guidelines page 303 on MRI for back pain states that 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 would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The records do not show any previous MRI of the lumbar spine. The treater references x-rays of the lumbar and thoracic spine from 11/11/2014 that showed normal results. The patient denies any leg weakness, numbness, tingling, or radiation of pain. Examination shows the patient ambulates with a normal gait, full bearing on both lower extremities. There is no weakness of the lower extremities. There are spasms of the thoracolumbar spine. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. In this case, the patient does not present with neurological or sensory deficits that will warrant the need for an MRI of the lumbar spine. The request IS NOT medically necessary.