

<b>Case Number:</b>	CM15-0010855		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Pain Management

### 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 58 year old male, who sustained an industrial injury on October 6, 2014. He has reported a right ankle and right knee injury. The diagnoses have included right knee strain, right ankle strain, contusion of lower leg and right back pain. Treatment to date has included physical therapy, x-ray of lower extremity, MRI of the lower extremity joint, splint and medications. Currently, the injured worker complains of right lower back pain and right knee pain. Straight leg raise was positive. Physical examination revealed medial joint line tenderness in the right knee, minimal swelling in the right achilles and tenderness to palpation of the right pelvis/hip. The symptoms are aggravated by movement and weight bearing. On December 30, 2014 Utilization Review non-certified an MRI of the lumbar spine, noting the ACOEM Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review 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 of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

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

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM state 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 an option. Within the documentation available for review, the patient has a recent injury with no indication of failure to respond to conservative management and there are no objective findings that identify specific nerve compromise on the neurologic exam. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.