

<b>Case Number:</b>	CM15-0012046		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Arizona  
 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 46-year-old male who reported an injury on 08/20/2014 after a 12 foot fall. The injured worker reportedly sustained an injury to multiple body parts, including the injured worker's head, ribs, left wrist, left clavicle, and lung. The injured worker's diagnoses included injury of the head, sensorineural hearing loss unilaterally, and subjective tendonitis. Previous diagnostic studies included a CT of the cervical spine, an MRI of the cervical spine, multiple chest x-rays; and a CT of the head. The injured worker was evaluated on 12/23/2014. It was noted that the injured worker was overall improving. It was documented that the injured worker had participated in physical therapy. The injured worker's treatment plan included an MRI, a referral to an ophthalmologist, and 6 sessions of physical rehab. Physical findings at that appointment included normal range of motion of the lumbar spine, tenderness to palpation of the paravertebral lumbar musculature. The injured worker had a normal gait, and no evidence of foot drop. No Request for Authorization was submitted to support the request. The injured worker was evaluated on 01/08/2015. It was documented that the request for the lumbar MRI had received an adverse determination. Physical examination findings of the lumbar spine at that appointment included decreased sensation to light touch throughout the L4, L5, S1, and S2 dermatomal distributions; a positive left sided straight leg raising test; and limited range of motion secondary to pain. It was noted that the injured worker had tenderness to palpation over the paravertebral musculature and facet joints. An additional request was submitted for an MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI- Lumbar Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested MRI of the lumbar spine is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend MRIs for the lumbar spine when there are neurological deficits that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker was evaluated on 01/08/2015 after participating in physical therapy. It was documented that the injured worker had decreased sensation in the L4, L5, S1, and S2 left dermatomal distributions; with a positive straight leg raising test. Given that the injured worker has neurological deficits that have failed to respond to conservative treatment, and MRI would be supported in this clinical situation. As such, the requested MRI of the lumbar spine is medically necessary and appropriate.