

<b>Case Number:</b>	CM15-0117074		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 61 year-old male who sustained an industrial injury on 02/02/15. He reports low back pain after lifting. Diagnoses include sprain, lumbar region. Treatments to date include radiographic imaging which showed mild degenerative disc disease, pain medication management, and physical therapy. In a progress note dated 05/12/15, the injured worker reports continued low back pain radiating to the right leg; the pain is rated as a 10 on a 10 pain analog scale. He has had minimal improvement despite anti-inflammatory medication and physical therapy. Physical examination of the lumbar spine was remarkable for tenderness to palpation over the paraspinal musculature; the lordosis and range of motion are normal. There is no tenderness to palpation over the spinous processes. Sensation is diminished over the right L5 dermatome. Straight leg raise was negative. Assessment is lumbar radiculopathy. Treatment recommendations include pain medication and lumbar spine MRI. The injured worker is under temporary total disability. Date of Utilization Review: 05/20/15

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical documentation provided documents diminished sensation over the L5 dermatome on the right. As such, the request for MRI of lumbar spine is medically necessary.