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| <b>Case Number:</b>   | CM15-0166541 |                              |            |
| <b>Date Assigned:</b> | 09/04/2015   | <b>Date of Injury:</b>       | 05/26/2015 |
| <b>Decision Date:</b> | 12/15/2015   | <b>UR Denial Date:</b>       | 08/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2015 |

### 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, Hawaii  
 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 62 year old male injured worker suffered an industrial injury on 5-26-2015. The diagnoses included contusion of the low back, contusion of the buttocks and cervical strain-sprain. On 8-5-2015 the provider reported low back , mild and intermittent pain. She reported limited back motion. On exam, the gait was normal with no weakness of the lower extremities and had tenderness of the back muscles. The medical record did not include rational or clinical evidence to support the request for the requested treatment. Prior treatments included medication and physical therapy. Utilization Review on 8-13-2015 determined non-certification for 1 Magnetic Resonance Imaging of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Magnetic Resonance Imaging of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [REDACTED]; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & amp; Chronic) (updated 07/17/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Lumbar Chapter, MRI.

**Decision rationale:** The patient presents with intermittent lower back pain that is sharp and mild. The current request is for Magnetic Resonance Imaging of the lumbar spine without contrast. The patient stated that the pain does not radiate nor is there tingling or numbness in the lower extremities. The treating physician report dated 8/5/2015 (18B) states, "There is no weakness of the lower extremities; The patient ambulates with a normal gait, full weight bearing on both lower extremities; Extensor hallucis test in negative; bilateral patellar and achilles deep tendon reflexes are 2/4; and sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities." The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. In this case, the treating physician does not document any signs of neurological deficit, radiculopathy, suspicion of cancer, or any red flags indicating the need for magnetic resonance imaging. There are no medical records to support the request. The current request is not medically necessary.