

<b>Case Number:</b>	CM15-0171983		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/10/1999
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male patient, who sustained an industrial-work injury on 8-10-99. The diagnoses include lumbar intervertebral disc displacement, and lumbago, cervico-cranial syndrome. Per the doctor's note dated 8/19/2015, he had complaints of frequent moderate neck pain, upper back pain to tailbone, buttock, both hips moderate leg pain and walking problems. The physical examination revealed decreased range of motion, positive Kemp's, Lasegue's at 90 degrees, and Braggard at 95 degrees, leg lower, Soto Hall's and spinal kinesiotherapy. The current medications list is not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Patient was authorized for 4 chiropractic visits in 3/2015. Current plan of care includes chiropractic treatment and MRI (magnetic resonance imaging). The Request for Authorization date was 8-24-15 and requested service included MRI (magnetic resonance imaging), Lumbar spine, Qty 1. The Utilization Review on 8-31-15 denied the request due to lack of documentation (motor, sensory, or neurological exam) to support the need for the diagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Lumbar spine, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM low back guidelines "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Response to recent conservative therapy including pharmacotherapy and physical/chiropractic therapy is not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The MRI (magnetic resonance imaging), Lumbar spine, Qty 1 is not medically necessary for this patient at this juncture.