

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0179194 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 01/29/2015 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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: Emergency 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 81 year old male with an industrial injury dated 01-29-2015. Medical record review indicates he is being treated for gait abnormality and lumbar sprain-strain. The injured worker presents on 07-28-2015 with complaints of "constant, moderate, achy" low back pain and cramping radiating to both legs with cramping. Objective findings are documented as decreased and painful range of motion of the lumbar spine. There was tenderness to palpation of the bilateral sacroiliac joints, lumbar 5-sacral 1 spinous processes and lumbar paravertebral muscles. Documentation also notes spasm of the lumbar paravertebral muscles with positive Kemp's. In the progress note, dated 07-01-2015, low back pain was rated as 8 out of 10. The progress note dated 06-21-2015 documents low back pain rated as 5 out of 10. Upper and lower extremity reflexes were symmetric bilaterally. Sensation was intact to light touch. Prior treatments include medications, ice pack and physical therapy. In the 06-21-2015 note, the treating physician documented "Patient has been referred to physical therapy." "Patient is tolerating well but not having any functional improvement." The treating physician also documents the injured worker has attended 5 therapy sessions since last visit. Review of the medical records does not indicate the complete number of physical therapy visits completed. The treatment request is for MRI of the lumbar spine. On 08-11-2015 the request for MRI of the lumbar spine was non-certified by utilization review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain rated as 5 out of 10. Upper and lower extremity reflexes were symmetric bilaterally. Sensation was intact to light touch. Prior treatments include medications, ice pack and physical therapy. In the 06-21-2015 note, the treating physician documented "Patient has been referred to physical therapy." "Patient is tolerating well but not having any functional improvement." The treating physician also documents the injured worker has attended 5 therapy sessions since last visit. Review of the medical records does not indicate the complete number of physical therapy visits completed. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.