

<b>Case Number:</b>	CM15-0075454		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male, who sustained an industrial injury on 8/2/14. He reported low back pain and injury to right eye. The injured worker was diagnosed as having lumbar spine strain with right lower extremity radiculitis and right sacroiliac joint sprain. Treatment to date has included Tens unit, acupuncture treatment, oral medications and home electrical muscle stimulation unit. Currently, the injured worker complains of mild, moderate, frequent low back pain with radiation to right buttock. The injured worker notes acupuncture helps with activities of daily living and sleep. Physical exam noted tenderness to palpation of paravertebral musculature, over right sacroiliac joint and radiation to right buttock with straight leg raising. SI joint provocative maneuvers were positive. The treatment plan included refilling of medications, continuation of home electrical muscle stimulation unit and request for additional acupuncture and (MRI) magnetic resonance imaging of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-4.

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam and the patient is noted to have positive SI joint provocative maneuvers. In light of the above issues, the currently requested lumbar MRI is not medically necessary.