

<b>Case Number:</b>	CM15-0077541		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial injury on 1/24/2014. Diagnoses have included lumbar spine strain/sprain; rule out herniated lumbar disc with radiculitis/radiculopathy. Treatment to date has included medication. According to the progress report dated 3/17/2015, the injured worker complained of continuing pain in the lumbar spine, which radiated to the lower extremity. Physical exam revealed tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasms and tightness. Lasegue's was positive on the right and equivocal on the left. There was positive straight leg raise test at 65 degrees bilaterally. There was facet joint tenderness at L3, L4 and L5 levels bilaterally. Authorization was requested for lumbar magnetic resonance imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI), lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. EMG/NCV studies have also been requested. There is no objective evidence to support an interval change that warrants an MRI study in addition to NCV/EMG at this time. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.