

<b>Case Number:</b>	CM15-0092083		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 a 57 year old male, who sustained an industrial injury on 08/26/2011. According to a progress report dated 01/26/2015 the injured worker continued to feel really bad. Pain was constant and traveled into the right leg from the lumbar area. Pain was dull, sharp and throbbing. Pain was rated 8 on a scale of 1-10. The provider noted that there were no changes in the symptoms or medical history. Physical examination of the lumbosacral spine demonstrated myospasm with splinting of the lumbar area. He was unable to walk on the tip toes and heels. Range of motion of the lumbar spine was restricted. The injured worker had 50 percent flexibility 50 percent of flexion, 25 percent extension and 50 percent lateral bending and rotation. There was no tenderness with palpation. Straight leg raise was positive on the right. Range of motion of the bilateral hips was unrestricted. Range of motion of the bilateral knees was unrestricted from full extension to 150 degrees of flexion. The patella tracked normally. Range of motion of the bilateral ankles was unrestricted. There were no sensory abnormalities noted with sensation intact to touch and pinprick in all dermatomes in the bilateral lower extremities. Motor strength examination of the ankle dorsiflexors, plantar flexors and extensor hallucis function was 5/5. Deep tendon reflexes were 2+ on the right/ knee jerks and ankle jerks, 2+ on the left/knee jerks and 2- on the left/ankle jerks. Diagnoses included chronic lumbar discogenic myofascial pain, disc protrusion at L4-L5 and L5-S1 and right lumbar radicular syndrome. Treatment plan included Percocet, Valium and Gabapentin. Work status included modified duty. Treatment to date has included x-rays, medications and epidural injection. Currently under review is the request for MRI of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** 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  
Page(s): 303-305.

**Decision rationale:** The requested MRI 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 pain that was constant and traveled into the right leg from the lumbar area. Pain was dull, sharp and throbbing. Pain was rated 8 on a scale of 1-10. The provider noted that there were no changes in the symptoms or medical history. Physical examination of the lumbosacral spine demonstrated myospasm with splinting of the lumbar area. He was unable to walk on the tiptoes and heels. Range of motion of the lumbar spine was restricted. The injured worker had 50 percent flexibility 50 percent of flexion, 25 percent extension and 50 percent lateral bending and rotation. There was no tenderness with palpation. Straight leg raise was positive on the right. Range of motion of the bilateral hips was unrestricted. Range of motion of the bilateral knees was unrestricted from full extension to 150 degrees of flexion. The patella tracked normally. Range of motion of the bilateral ankles was unrestricted. There were no sensory abnormalities noted with sensation intact to touch and pinprick in all dermatomes in the bilateral lower extremities. Motor strength examination of the ankle dorsiflexors, plantar flexors and extensor hallucis function was 5/5. Deep tendon reflexes were 2+ on the right/ knee jerks and ankle jerks, 2+ on the left/knee jerks and 2- on the left/ankle jerks. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.