

<b>Case Number:</b>	CM15-0099214		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

### 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 43 year old male injured worker suffered an industrial injury on 01/30/2015. The diagnoses included lumbar myoligamentous sprain/strain, right lumbar radiculopathy and discogenic mechanical low back pain with and sciatica. The injured worker had been treated with physical therapy On 3/2/2015 the treating provider reported the pain was severe in the low back rated 5 to 6/10 that radiated down the right leg to the right ankle with numbness and tingling. The treatment plan included MRI 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient was injured on 01/30/15 and presents with low back pain. The request is for a MRI of the lumbar spine to R/O lumbar disk protrusion/injury. The utilization review determination rationale is that "there are no significant quantitative objective findings regarding neurological deficits to include decreased motor strength, decreased tendon reflexes, or decreased sensation." There is no RFA provided and the patient is to return to modified work duty on 03/02/15 with the following restrictions: "may lift or carry up to 20-25 lbs, allowed occasional bending/stooping, may push/pull up to 25 lbs, no prolonged standing or sitting." Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has pain in band-like distribution across the lumbar spine and frequent, sharp, burning pain that radiates down the right leg to the posterior aspect of the right ankle. He is diagnosed with lumbar myoligamentous sprain/strain, right lumbar radiculopathy, and discogenic mechanical low back pain. The treater would like a MRI of the lumbar spine to rule out lumbar disk protrusion/injury. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain with radiculopathy, the requested MRI of the lumbar spine IS medically necessary.