

<b>Case Number:</b>	CM17-0010364		
<b>Date Assigned:</b>	01/19/2017	<b>Date of Injury:</b>	10/25/2016
<b>Decision Date:</b>	02/10/2017	<b>UR Denial Date:</b>	12/21/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2017

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 10-25-16. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain and a neck muscle strain. The injured worker is currently not working. On (12-6-16) the injured worker complained of constant low back pain radiating down the left lower extremity. The pain was rated 8 out of 10 on the visual analogue scale. The pain is aggravated by any movement and relieved by none. Objective findings revealed tenderness to palpation over the bilateral cervical and lumbar paraspinal muscles. There was no sensory, motor weakness or reflex asymmetry in either of the lower extremities. A straight leg raise was negative bilaterally. The injured workers lumbar spine x-rays were normal. The treating physician recommended a MRI of the lumbar spine due to the persistent low back pain. Treatment and evaluation to date has included medications and x-rays. Current medications include Meloxicam and Flexeril. The Request for Authorization dated 12-6-16 is for one MRI without dye to lumbar spine. The Utilization Review documentation dated 12-21-16 non-certified the request for one MRI without dye to lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without dye to lumbar spine times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** The claimant is a 54 year old male who sustained an industrial injury on 10-25-16. He has a diagnosis of lumbar and cervical muscle strain. This request is for an MRI of the Lumbar spine without contrast. California MTUS guidelines state, "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this claimant's case, the provided physical exam does not document any neurological abnormalities. Plain films were normal. The provided documentation does not establish that this claimant has failed conservative treatment measures. It is noted that he has not yet had physical therapy. This request does not satisfy MTUS guidelines, and does not appear medically necessary.