

<b>Case Number:</b>	CM16-0246635		
<b>Date Assigned:</b>	01/11/2017	<b>Date of Injury:</b>	10/16/2016
<b>Decision Date:</b>	02/06/2017	<b>UR Denial Date:</b>	11/30/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2016

### 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, 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 28 year old female, who sustained an industrial injury on 10-16-2016. The injured worker was being treated for lumbar sprain. Treatment to date has included diagnostics, chiropractic, and medications. On 11-22-2016, the injured worker complains of lumbar back pain, "moderately severe and extremely severe." Pain was rated 10 out of 10. The injured worker denied any radiation of pain, paresthesias, weakness, or numbness and tingling of the lower extremities. The injured worker reported transient relief with medications and ice-heat therapy. The injured worker was doing chiropractic "with some benefit." The injured worker was currently on modified duty, noting that light duty was being accommodated. Current medications included Tylenol, Orphenadrine, and Ketoprofen. Musculoskeletal exam noted restricted range of motion in the back, tenderness and spasms of the thoracolumbar spine and paravertebral musculature, no weakness in the lower extremities, negative straight leg raise bilaterally, and intact sensation throughout the bilateral lower extremities. X-rays of the lumbar spine dated 11-16-2016 showed mild degenerative changes with no evidence for acute injury. The treatment plan included magnetic resonance imaging of the lumbar spine to rule out disc disease and additional chiropractic. On 11-30-2016 Utilization Review non-certified a request for MRI of the Lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar spine without contrast:** 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 - MRIs (magnetic resonance imaging).

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

**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. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.