

<b>Case Number:</b>	CM13-0001199		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old female who reported an injury on 12/22/2011 when she is reported to have slipped and fallen and hurt her back. She was reported to also have sharp pain from checking groceries in her shoulder and neck. A clinical note dated 03/12/2013 reported that the patient complained of low back pain that radiated bilaterally to the buttocks that she reported as dull, aching, extension that caused pain worse than flexion, the pain was worsened with prolonged standing and sitting and alleviated by lying down. Her pain was worse first thing in the morning. On examination, the patient is noted to have diffuse tenderness from L3 to the sacrum bilaterally with several identifiable trigger points, positive Kemp's bilaterally, straight leg raises were negative bilaterally, there was sacroiliac (SI) joint tenderness over the left but none over the right, strength was 5/5 in the bilateral lower extremities. The patient is noted on 05/06/2013 to have undergone bilateral medial branch blocks at L3, L4, L5, and S1. On 05/14/2013 the patient reported 75% relief of her pain following the procedure and the patient was noted to be scheduled for a lumbar facet rhizotomy on 06/18/2013. The patient is noted to continue to complain of low back pain. She is noted to have not received an MRI of the lumbar spine in the past. On physical examination, the patient is noted to have findings of pain and positive impingement signs of the left shoulder with limited range of motion. On 06/20/2013, the patient underwent a lumbar rhizotomy of the bilateral facets at L3, L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The patient is a 55-year-old female who reported an injury when she slipped and fell while working on 12/22/2011. She is reported to complain of ongoing low back pain with radiation of pain to her bilateral buttocks. She is noted on physical exam to have diffuse tenderness from L3 to the sacrum bilaterally, positive Kemp's test, and sacroiliac (SI) joint tenderness on the left but none over the right. A request was submitted for an MRI of the lumbar spine. The MTUS Guidelines state that unequivocal objective findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies for patients who have not responded to treatment and who would consider surgery as an option. As there is no documentation of physical examination of any neurological deficits that would indicate specific nerve root compromise, the requested MRI of the lumbar spine does not meet guideline recommendations.