

<b>Case Number:</b>	CM13-0026866		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in 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 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/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 injured worker is a 52-year-old female who sustained an injury to her low back on 03/07/10. The mechanism of injury was not documented. Physical examination noted ambulation with a cane; normal posture; pain to palpation over the L4-5 and L5-S1 area with muscle spasms; flexion 20%, extension 10%; muscle strength 4/5; sensory slightly diminished in the bilateral lower extremities in a diffuse manner; DTRs 3+ in the upper/lower extremities; straight leg raise positive bilaterally at 60. MRI of the lumbar spine revealed evidence of an L4-5 disc protrusion right with minimal facet arthropathy and a very small L3-4 disc bulge. Electrodiagnostic studies dated 12/03/12 demonstrated right S-1 radiculopathy and deep peroneal neuropathy.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI lumbar spine is not medically necessary based on Official Disability Guidelines (ODG). There were no focal neurological deficits on physical examination. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study was performed. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI lumbar spine is not been established.