

<b>Case Number:</b>	CM13-0031160		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing on November 6, 2012, reportedly negative for lumbar radiculopathy; unspecified amounts of physical therapy over the life of the claim; attorney representation; the apparent imposition of permanent work restrictions; and subsequent electrodiagnostic study of October 1, 2013, notable for mild left L5 radiculopathy with acute denervation. It does appear that the applicant has returned to work with permanent restrictions in place. In a November 5, 2013, progress note, it is stated that the applicant has persistent low back pain with tingling about the left thigh and left calf. He is having difficulty with prolonged sitting while at work. Left lower extremity strength ranges from 4+/5 to 5/5 versus 5/5 about the contralateral right lower extremity. MRI imaging is sought as well as an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar w/out Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, positive electrodiagnostic testing demonstrating physiologic evidence of nerve dysfunction can be considered a precursor to a pursuit of imaging studies. In this case, the applicant does have positive electrodiagnostic testing suggestive of a left L5 lumbar radiculopathy. She has associated signs and symptoms of radiculopathy historically and on exam. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.