

<b>Case Number:</b>	CM13-0032960		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 62-year-old who reported injury to her back on December 11, 2008 secondary to a slip and fall. The injured worker complained of pain to her neck and lower back, rating her pain a 9 on a 0 to 10 scale with pain radiating to the lower extremities. She stated the pain was improved by lying down, massage, medications, physical therapy, resting, and sitting. Abnormal findings of the lumbar spine on December 5, 2013 were positive Patrick's on the left and right, pain with extension, and flexion, paraspinal spasms, positive Waddell's sign, tenderness test, stimulation test, and overreaction, as well as limited range of motion. Abnormal findings of the cervical spine were limited range of motion, diminished motor strength, and paraspinal muscle spasms, left greater than the right. An MRI (magnetic resonance imaging) of the cervical spine found severe canal stenosis, mild left and right neural foraminal narrowing, and right posterolateral cord myelomalacia. An MRI of the lumbar spine on April 23, 2013 found severe degenerative disease between the spinous process at L4-5, grade 1 anterolisthesis, bilateral parse defect of inferior articular facets of L5, and moderate bilateral neural foraminal narrowing at L5-S1. Her diagnoses were generation of lumbar or lumbosacral intervertebral disc, unspecified arthropathy, myofascitis of low back, cervicgia, and spinal stenosis in cervical region. She had past treatments of chiropractor, massage, physical therapy, psychotherapy, and oral nonsteroidal anti-inflammatories, as well as pain medication and muscle relaxants. Her medications were Soma 350 mg, Mobic 15 mg, and Voltaren gel 1%. The treatment plan is for an MRI of the lumbar spine. The Request for Authorization was signed and dated on August 22, 2013. There is no rationale for the request for MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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, MRI (magnetic resonance imaging).

**Decision rationale:** The injured worker complained of pain to the neck and lower back that radiated into the lower extremities. She had past treatments of oral medications, chiropractor, massage, physical therapy, and psychotherapy. The Official Disability Guidelines for lower back state that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, neural compression, and recurrent disc herniation. The documentation does not state clinical necessity for a repeat MRI. Therefore, the request for an MRI of the lumbar spine is not medically necessary or appropriate.