

<b>Case Number:</b>	CM13-0033457		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/29/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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 claimant is a 64-year-old female who sustained a low back injury on August 29, 2007. The records include an August 23, 2013 followup report, which states that a previous MRI scan demonstrated disc bulging L5-S1 with acquired stenosis at L4-5. The claimant reported continued complaints of low back pain with intermittent extremity pain despite conservative measures. The objective findings showed sensation to be intact to light touch in the bilateral lower extremities with mildly restricted range of motion and negative straight leg raising. The claimant was diagnosed with lumbar radiculopathy and low back pain; given the continued complaints, a repeat MRI scan to re-evaluate the lumbar stenosis was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR ( REPEAT):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

**Decision rationale:** California ACOEM Guidelines support an MRI scan of the lumbar spine in the presence of significant evidence of unequivocal objective findings demonstrating nerve

compromise on neurologic examination. The claimant is noted to have chronic complaints of pain; the physical examination fails to demonstrate any pertinent positive finding. Electrodiagnostic testing was negative, as was straight leg raise testing. There is no indication of functional motor, sensory or reflexive change. The need for further imaging would not be medically necessary according to the ACOEM Guidelines.