

<b>Case Number:</b>	CM13-0035318		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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.

### 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 44-year-old female who reported an injury on 10/18/2009 due to a slip and fall, causing injury to her low back, buttocks and left forearm and hand. The patient was treated conservatively with physical therapy and chiropractic treatment and epidural steroid injections. It was also noted that the patient had undergone an MRI of the lumbar spine. The patient's chronic pain was managed by medications. The patient was monitored for aberrant behavior with urine drug screens. The most recent clinical exam findings included tenderness to palpation and noted spasming of the lumbar spine with restricted range of motion secondary to pain and spasm described as 50 degrees in flexion, 15 degrees in extension and 15 degrees in right and left lateral bending with disturbed sensation in the bilateral L5 dermatomes. The clinical documentation also noted that the patient had undergone an EMG that concluded that the patient had right L5 myotomal radiculopathy. It was also noted that the patient underwent an MRI in 03/2012 that revealed an L4-5 disc bulge impinging the exiting left and right L5 nerve roots. The patient's diagnoses included a lumbar disc herniation without myelopathy, lumbar degenerative joint disease, lumbar myospasm and lumbar radiculitis. The patient's treatment plan included the continuation of medications, chiropractic care, physical therapy and a new MRI.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/ Disability Duration Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The MRI of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent an MRI in 03/2012 and that the doctor had access to the results. The American College of Occupational and Environmental Medicine recommends an MRI when there are clinical findings of neurological deficits. The clinical documentation submitted for review does provide evidence that the patient has neurological deficits that would warrant an imaging study. However, the Official Disability Guidelines do not recommend repeat imaging unless there are progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not provide evidence that there has been a significant change in the patient's presentation or that there has been a change in the patient's pathology. Additionally, there was no indication that the patient is a surgical candidate. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.