

<b>Case Number:</b>	CM13-0042109		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/10/2013
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 patient is a 60-year-old female who reported an injury on 04/27/2001. The mechanism of injury was a fall from a ladder. The comprehensive pain management consultation report dated 09/27/2013 reveals the patient complains of constant pain in her lower back, which she rates on the pain scale at 5/10 to 6/10. The patient described the pain as radiating to her hips down to the knee with numbness sensations. The patient has received multiple sessions of therapy, medication management, and a lumbar epidural steroid in 06/2012. The patient has also received 3 Synvisc injections which provided relief for approximately 3 to 4 months. The findings upon physical examination revealed antalgic gait to the right. The patient was unable to perform heel/toe walk on the right; with difficulty noted on the left. The examination of the lumbar spine revealed normal lordosis and alignment. There was noted moderate facet tenderness to L4-S1. There is diffuse lumbar paraspinal muscle tenderness noted. There was noted positive sacroiliac tenderness, Fabere's, sacroiliac thrust, and Yeoman's test bilaterally and positive seated and supine straight leg raises noted bilaterally. Decreased range of motion to the lumbar spine was noted. There is a well healed surgical scar at the right knee and there was pain noted over the back of the knees with moderate patellofemoral grinding. The patient was to continue her medication regimen which included Voltaren 100 mg, Prilosec, Zanaflex 4 mg, Lotensin 20 mg, Levothroid, and Hydrocodone 2.5/325 mg. The frequency of the previously mentioned medications was not provided in the medical records.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Per California MTUS/ACOEM it is stated that lumbar MRI is recommended for patients with unequivocal objective findings that identify specific nerve compromise on a neurological examination in patients who do not respond to treatment, and who would consider surgery an option. The Official Disability Guidelines state repeat MRI imaging without significant clinical deterioration and symptoms or signs is not recommended. As the patient has had continued complaints with the same signs and symptoms dated back at least from 2009, without significant clinical deterioration noted, the medical necessity for an additional MRI of the lumbar spine cannot be determined at this time. The patient has also responded well to previous epidural steroid injections as noted in the medical record. Therefore, the medical necessity for an MRI of the lumbar spine at this time cannot be determined, and the request is non-certified