

<b>Case Number:</b>	CM13-0046312		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 40-year-old female who reported an injury on 07/16/2010. The mechanism of injury was the injured worker was stepping down some stairs when she missed a step and fell onto the cement ground. The prior treatments included physical therapy and medications. The injured worker underwent an MRI of the lumbar spine without contrast on 12/09/2010 which revealed minimal spondylosis and otherwise unremarkable MRI of the lumbar spine. The documentation of 09/04/2013 revealed the injured worker had increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets, and right greater sciatic notch. There were muscle spasms. The injured worker had decreased range of motion and a positive straight leg raise bilaterally at 70 degrees. The injured worker had a positive Patrick's/Faber's, and sciatic notch test. The reflexes were 2+ bilaterally. Sensation was intact to light touch and pinprick at L1-S1 dermatomes, and manual motor testing demonstrated no focal deficits in L3-S1 myotomes. The diagnoses included cervical and lumbar sprain/strain with radicular complaints. The treatment plan included acupuncture once a week for 6 weeks, and authorization for an updated MRI of the cervical and lumbar spine. The injured worker additionally was prescribed cyclobenzaprine 10 mg #60, omeprazole 20 mg #60, and naproxen 550 mg #60 for pain and inflammation. The subsequent documentation dated 01/03/2014 revealed the injured worker had decreased range of motion. The injured worker had a positive straight leg raise at 60 degrees on the right, and a positive Patrick's/Faber's test, and sciatic tenderness test. Neurologically, the deep tendon reflexes were 2+, and the sensations were normal bilaterally. The motor strength was 4-/5 at the EHL bilaterally. The treatment plan included an updated MRI of the cervical spine, and authorization for x-rays of the cervical and lumbar spine, 4 views. It was indicated that the injured worker was scheduled for an updated 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:

**MRI OF THE LUMBAR SPINE:** Upheld

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

**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 Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines (ODG) recommend repeat MRIs when there is documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for an MRI of the lumbar spine is not medically necessary.