

<b>Case Number:</b>	CM13-0047763		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery, 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 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 36-year-old who reported a work-related injury on 04/09/2013 as the result of a fall. The patient presents for treatment of the following diagnoses: bilateral cervical radiculopathy, right lower extremity radiculopathy, C5-6 mild bilateral neural foraminal narrowing and mild central stenosis, and C4-5 disc protrusion. The clinical note dated 10/08/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Flexeril, Percocet, Norco, gabapentin, ibuprofen, methocarbamol, and prednisone. The provider documented upon physical exam of the patient's lumbar spine, the patient utilizes a single point cane. There was tenderness reported upon palpation of the paravertebral muscles bilaterally. The patient's sensory, motor, and neurological exams were within normal limits. Straight leg raising was negative to the bilateral lower extremities. The provider documented a request for authorization for an MRI of the lumbar spine due to the patient's continued complaints of pain with associated radiation of pain down the bilateral lower extremities.

### 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.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with pain complaints about the lumbar spine status post a work-related slip with fall injury sustained in 04/2013. The patient has had an extensive workup of her cervical spine and the provider is currently requesting an MRI of the lumbar spine. However, upon physical exam of the patient, the clinical notes fail to document any progressive neurological deficits, motor deficits, or sensory deficits to support the requested imaging study at this point in the patient's treatment. The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicates when the neurologic examination is less clear further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for an MRI of the Lumbar spine is not medically necessary or appropriate.