

<b>Case Number:</b>	CM13-0048471		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 03/07/2012. The mechanism of injury reportedly occurred as a fall off a ladder. Her diagnoses were cervical syndrome with radiculopathy, right shoulder sprain, right elbow sprain, right wrist/hand sprain, lumbosacral syndrome with sciatica, and cephalgia. Her previous treatments included physical therapy, medications, and epidural steroid injections. Diagnostics included MRIs of the lumbar spine, x-rays of the cervical spine, x-rays of the right shoulder, x-rays of the right elbow and wrist, and x-rays of the lumbosacral spine. Her previous surgeries were irrelevant to the work related injury. On 05/01/2014, the injured worker complained of low back pain. Her physical examination revealed right sided lumbar radiculitis and the physician noted that her examination was unchanged. Her medications were noted as tramadol and zolpidem. The treatment plan was for an MRI of the lumbar spine. The rationale for the request was that she continued with low back pain. The Request for Authorization form was submitted on 05/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. The injured worker reported having lower back pain. It was noted that she had an MRI of the lumbar spine done on 09/17/2012 which showed desiccation at L4-5 and L5-S1 with 3 mm disc bulges at both levels with a right foraminal disc bulge at L5-S1 leading to moderate foraminal stenosis and lateral recess stenosis and moderate left foraminal narrowing. The clinical information submitted for review lacked objective findings to suggest another MRI of the lumbar spine. There is insufficient documentation to compare previous documentation after her first lumbar spine MRI that showed deterioration in her neurological examination. As such, the request for an MRI of the lumbar spine is not medically necessary.