MAXIMUS Federal Services

| Case Number: | CM13-0049707 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 08/12/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## 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 and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 08/12/2013. In the clinical note dated 02/05/2014, the injured worker complained of persistent low back pain which radiated to the left and occasionally to the right side with a pain level status of 6/10. Prior treatments included conservative therapy such as heat, exercises, and pain medications. The physical examination of the lumbosacral spine revealed tenderness in the lumbosacral region and range of motion was noted at 75% of normal. There were no neurological or functional deficits annotated. The diagnoses included acute lumbosacral strain with L3-4 and L4-5 disc disease, foraminal stenosis, and facet arthrosis with radiculitis. It was noted that an MRI of the lumbosacral spine dated 10/23/2013 was reviewed with the injured worker. The treatment plan included continuation of heat and exercise program, advisement of water exercises, and Motrin. The request for an MRI of the lumbar spine was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page(s) 303-305.

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that 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 an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue). In the clinical notes provided for review, it is indicated that the injured worker had previously had an MRI dated 10/23/2013. However, there is lack of documentation to support the request for an additional MRI of the lumbar spine such as new signs and symptoms of functional or neurological deficits. Therefore, a request for an MRI of the lumbar spine is not medically necessary.