

<b>Case Number:</b>	CM13-0052303		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 & Rehabilitation, and is licensed to practice in California. 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 patient is a 56-year-old female who reported an injury on 07/27/2006. The mechanism of injury was not stated. The patient is diagnosed with residuals of a decompression and lumbar spine fusion, persistent radiculopathy in the right lower extremity, Charcot in the right ankle with severe joint erosion, impingement syndrome in the right shoulder, right lateral epicondylitis of the right elbow, insulin-dependent diabetes mellitus, cervicogenic headaches, and cervical spine musculoligamentous strain. The patient was seen by [REDACTED] on 08/08/2013. The patient reported persistent lower back pain and radiculopathy, as well as nausea and vomiting. Physical examination revealed an antalgic gait, limited lumbar range of motion, and decreased L5-S1 sensation. Treatment recommendations included authorization for a lumbar spine MRI.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines, low back neck upper back and shoulder.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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. As per the documentation submitted, there is no evidence of a progression or worsening of symptoms or physical examination findings. The patient's physical examination on the requesting date only revealed an antalgic gait, limited range of motion, and decreased sensation. There was no evidence of an attempt at conservative treatment prior to the request for an imaging study. There were also no plain films obtained prior to the request for an MRI. The medically necessary has not been established. Therefore, the request is not non-certified.