

<b>Case Number:</b>	CM13-0064854		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/11/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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:

This patient sustained an injury on 7/11/10 while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine. Diagnoses include cervical, thoracic, and lumbar spine strain; degenerative disc disease/ radiculitis, right S1 s/p arthroscopic right partial medial and lateral meniscectomy, synovectomy of medial lateral compartment and anterior intercondylar notch with chondroplasty of medial femoral condyle on 11/14/12. EMG of lumbar spine was noted to showed right S1 radiculitis; EMG of cervical spine had no remarkable findings. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 11/18/13 from the provider noted the patient with shoulder and neck pain were better; however, had worsened since returning to work. Provider noted needing EMG and final report from a previous provider. Exam showed lumbar spine with asymmetric range of motion; limited range with right/left lateral bending at 42/31 degrees/ flexion to 11.5 inches from floor/ limited ROM 6 to 109 degrees; motor weakness of 3-/4 of EHL and weakness in quads; positive SLR; small effusion and minor joint line tenderness; muscles spasm. Treatment plan noted plan knee surgery then MMI per another provider; need 24 PT sessions and MRIs of C/S and L/S. The request(s) for MRI lumbar spine was denied on 11/25/13 citing guidelines criteria and lack of medical necessity.

### 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 Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without documented neurological deficits in bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine is not medically necessary and appropriate.