

<b>Case Number:</b>	CM13-0071045		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Sports Medicine 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 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 46-year-old female who reported an injury on 08/18/2010, while trying to open a cabinet to get coffee. The clinical note dated 09/05/2013 noted the injured worker presented with complaints of chronic neck pain, chronic low back pain, chronic left lower extremity pain, and left wrist pain. The physical exam of the cervical spine revealed spasms, pain, decreased range of motion, facet tenderness, radiculopathy at the C6 level, and tenderness to palpation over the cervical trapezial ridge. The injured worker's left hand and wrist exam revealed a positive Tinel's, Phalen's, and Durkan's compression. The MRI of the lumbar spine dated 10/03/2013 noted mild disc dissention for the L4-S1, and straightening of the lordotic curvature. The provider recommended an MRI of the lumbar spine. The provider's rationale for the request was unclear within the provided documentation. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 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 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. California MTUS/ACOEM states special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Official Disability Guidelines further state, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The criteria for ordering imaging studies are: an emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. MRI of the lumbar spine was performed on 10/03/2013 which revealed mild disc dissention for the L4-S1, and straightening of the lordotic curvature. The provider's rationale for an additional MRI of the lumbar spine was not included in the medical documents for review. There was lack of evidence of significant change in symptoms and/or findings suggestive of significant pathology. As such, the request is not medically necessary.