

<b>Case Number:</b>	CM13-0071451		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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:

The injured worker is a 30 year old female who reported a knee injury on 07/28/2010. The official MRI study dated 07/05/2011 reported moderate to severe bilateral neural foraminal narrowing at L4-S1 and mild neural foraminal narrowing at L3-L4. The clinical note dated 11/20/2013 reported the injured worker delivered her baby 10/28/2013 and reported her back pain and hip pain were unchanged with low back pain radiating to her lower extremities bilaterally. The provider noted the injured worker was interested in speaking with a surgeon to discuss further options. The request for authorization was dated 11/21/2013.

### 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): 303-304. Decision based on Non-MTUS Citation ODG TWC 2013, Low back, Lumbar and Thoracic MRIs (magnetic resonance imaging).

**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. The American College of Occupational and Environmental Medicine determines imaging studies

should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Furthermore, the Official Disability Guidelines recommend that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the clinical notes it was reported there was not a significant change post gravida and the injured worker is only going in for a consult to explore options and has yet to be determine if the injured worker is a candidate for surgery. There was a lack of documentation of significant findings indicative of neurologic deficits. Thus, the request for an MRI of the Lumbar Spine is not medically necessary.