

<b>Case Number:</b>	CM13-0072568		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 66 year old female injured on 08/02/01 due to a fall injuring her right arm, bilateral hips, and shoulder resulting in low back pain. The injured worker underwent L5-S1 decompression in 2005. Clinical note dated 12/03/13 indicates the injured worker presented with multiple orthopedic injuries to include right knee instability, intermittent swelling from mid thigh to mid calf including tenderness to palpation, right hand pain, and low back pain. The injured worker described radiating pain from the mid lower back region to the sacral lower back in addition to radiation to the lateral side of the hips and the front of the legs bilaterally. Physical examination of the low back revealed back pain with extension versus forward flexion, straight leg raising triggers low back pain with 90 degrees raising of bilateral lower extremities, decreased sensory in the right lower extremity, tenderness to palpation of paraspinal musculature and facets in the low back region, 5/5 muscle strength bilaterally. The documentation indicates the injured worker utilizes walker for ambulation. It is noted in the prior utilization review that conversation with primary physician indicated intent for injured worker to be evaluated by a specialist for low back evaluation and if lumbar magnetic resonance image (MRI) was felt to be necessary a request for MRI can be reconsidered based on consultation report. The initial request for MRI without contrast of the lumbar spine was non-certified on 12/10/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT CONTRAST, OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

**Decision rationale:** Magnetic resonance image (MRI) is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. Further, there was no updated documentation submitted to establish that a consultation had occurred as indicated per prior utilization review. As such, the request MRI without contrast, of lumbar spine cannot be recommended as medically necessary.