

<b>Case Number:</b>	CM14-0103438		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Diagnostic Radiology 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 34 year old female patient had a job-related low back injury with left leg pain while lifting a 30 pound box on 4/25/2013. Her past medical history indicates a similar injury in 2011 which resolved after three months of conservative treatment. The presented medical history shows the following medical examinations and treatments: 4/27/2013 diagnosed as low back spasm; medications were prescribed, 4/29/2013 exam by occupational medicine specialist; physical therapy was prescribed and MRI requested, 5/9/2013 MRI of the lower back reported mild multilevel degenerative disk disease and 1-2 mm disk bulge at L4-L5 level. The report of a second MRI on 7/10/2013 reveals no significant change from prior exam. Physical examinations on 12/3/2013 and 2/14/2014 also show no significant changes with pain severity at 6-7 out of 10, mild paraspinal muscle tenderness, mild limitation of motion in flexion, extension and lateral bending with positive left straight leg rising at 45 degree. The patient has been on pain medication and has had some course of physical and chiropractic therapies. On 3/3/2014 the nerve conduction studies were reported as within normal limits and electromyography (EMG) reported as left L4-L5 radiculopathy. On 6/3/2014 the clinical examination diagnosis was reported as Lumbago. A third MRI was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Scan of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 08/10/14) MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 296, 308.

**Decision rationale:** A review of this patient's presented medical history reveals a work-related low back injury with left-sided sciatica. Recorded results of multiple physical examinations since the time of injury show no significant change in the intensity of the pain or neurological findings with basically intact sensory and motor functions. The results of two MRI exams also reported as basically unchanged with no anatomical abnormality to explain radiculopathy; "No evidence of spinal canal or neural foramina narrowing". Review of the prior MRIs and perhaps possibility of other abnormalities along the path of sciatic nerve should be explored before requesting another MRI examination. According to the guidelines, since any red flag signs have been ruled out and there are no plans for surgical intervention, a new MRI study is not necessary at this time.