

<b>Case Number:</b>	CM14-0015283		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 60-year-old female with a reported date of injury on 12/15/2010. Within the clinical noted dated 02/11/2014, the injured worker complained of left hip with radicular symptomatology to the groin as well as the left thigh. The lumbar spine X-ray dated 01/18/2013 was performed status post unilateral laminectomy at L4-5 and L4-5. The X-ray revealed moderate degenerative changes, most pronounced at L5-S1. There was no spondylolisthesis with flexion or extension. There was mild scoliosis to the right. On 01/24/2013, the injured worker underwent caudal epidural steroid injection and SI joint injection, which the provider reported gave her significant relief. Upon physical exam the injured worker presented with limited range of motion. The Request for Authorization for the MRI of the lumbar spine was submitted on 02/06/2014. The provider recommended the MRI of the lumbar spine to further assess intra-articular abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 296-297.

**Decision rationale:** According to the CA ACOEM Guidelines MRIs are not recommended if the injured worker does not have red flags for serious conditions, the clinician can then determine which musculoskeletal disorder is present. MRI would be recommended for non-specific low back pain and leg pain that is worse with activity, scarring after surgery with pain at level of nerve root operated on, and specific neurological findings at level of nerve root operated on. According to the clinical note dated 02/11/2014, the injured worker stated that she does not have debilitating pain in the lumbar spine. Upon physical exam, the injured worker presented with left hip radicular symptoms into the groin. The provided recommended an MRI of the lumbar spine to further assess intra-articular abnormalities. The lumbar x-ray dated 01/18/2013 did not reveal abnormalities beyond degenerative changes. In addition, repeat lumbar x-rays were requested 02/11/2014, the results of the requested x-rays were not provided within the information available for review. The clinical information provided for review lacked objective clinical findings of neurologic compromise. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate.