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| <b>Case Number:</b>   | CM14-0015631 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 05/21/2012 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 01/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/07/2014 |

### 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 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 61-year-old female who reported an injury after she fell on 05/21/2012. The clinical note dated 06/12/2013 is handwritten and largely illegible. The claimant reported low back pain rated 5/10 that radiated to her buttocks and left lower extremity. The claimant reported left wrist pain and weakness rated 6/10 and left knee pain rated 6/10. On physical exam, the claimant had paradorsal muscle spasms and decreased range of motion. Diagnoses were dorsal lumbar spine sprain/strain, left wrist contusion and rule out right wrist contusion. Prior treatments were not provided within the medical records. The provider submitted a request for MRI of the lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### 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:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines (ODG) indicate MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the employee reported lower back pain rated 5/10 that radiated to the lower extremities; however, there was lack of documentation of a detailed examination of the lumbar spine to suggest a significant pathology that warrants an MRI to include neurological deficits. Therefore, the request for the MRI of the lumbar spine is not medically necessary and appropriate.