

<b>Case Number:</b>	CM14-0017434		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 56-year-old female who reported an injury on 06/15/2005. The mechanism of injury was not stated. Current diagnoses include lateral knee meniscus tear, chondromalacia patella, back pain, cervicalgia, radiculitis, lumbar degenerative disc disease, and trochanteric bursitis. The injured worker was evaluated on 12/27/2013. The injured worker reported 5/10 pain in the lower back. Physical examination revealed tenderness to palpation of the left lower lumbar paraspinal muscles and right paraspinal muscles, tenderness of bilateral trochanteric bursa, moderately decreased range of motion, and intact sensation with 5/5 motor strength bilaterally. Treatment recommendations at that time included authorization for an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITH OUT DYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: (ODG) Official Disability Guidelines, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And

Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints. In. Harris J (ED), Occupational Medicine Practice Guidelines, 2nd Edition (2004) , pages 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. There was no evidence of a significant neurological deficit upon physical examination. The injured worker demonstrated 5/5 motor strength with intact sensation in bilateral lower extremities. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is not medically necessary and appropriate.