

<b>Case Number:</b>	CM14-0111792		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/20/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old female who reported an injury on 09/20/2007. The injury reported was when the injured worker restrained an assaultive client. The diagnoses included L5-S1 disc herniation and left sided S1 radiculopathy. Previous treatments included physical therapy, medication, epidural steroid injections and acupuncture. Within the clinical note dated 04/24/2014 it was reported the injured worker complained of pain in her low back with radiation to the left lower extremity. The injured worker reported pain is worsened by prolonged standing and bending. Upon physical examination the provider noted the injured worker had mild flattening of the lumbar lordosis. Her lumbosacral junction on the left was slightly tender. The range of motion of the lumbar spine was limited to 30 degrees with pain radiating down the left leg. The provider noted the injured worker had decreased sensation in the anterior aspect of the left foot compared to the right foot. The injured worker had a positive straight leg raise on the left. The range of motion of the hips was at the normal limits. The provider requested an MRI of the lumbar spine for deterioration of the spine. The request for authorization was submitted and dated 05/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Magnetic Resonance Imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines: Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for Lumbar Spine Magnetic Resonance Imaging (MRI) is not medically necessary. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are "sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option." When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgeries considered a red flag diagnosis are being evaluated. There is lack of documentation indicating the injured worker had significant neurological deficits which would warrant imaging studies including decreased sensation or motor strength and a specific dermatomal or myotomal distribution. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request for Lumbar Spine Magnetic Resonance Imaging (MRI) is not medically necessary.