

<b>Case Number:</b>	CM14-0120734		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Family Medicine 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 patient is a 60-year-old female who has submitted a claim for lumbar spinal stenosis associated with an industrial injury date of July 2, 2012. Medical records from 2013 through 2014 were reviewed. There are no recent progress notes. A progress note dated March 17, 2014 showed that the patient complained of pain on multiple sites. Of particular note were intermittent complaints of lower extremity radicular pain. Physical examination revealed spasm over the lumbar spine, positive SLR test, and decreased lumbar range. These are similar to the PE findings of a note dated 1/28/2014. Prior MRI noted degenerative changes, disc bulges, and stenosis. EMG revealed chronic L5 right radiculopathy. Treatment to date has included over the counter pain medications. Utilization review from July 2, 2014 denied the request for MRI lumbar spine because there were no red flags or new exam findings to indicate repeat imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the MRI of the lumbar spine was requested for lumbar spine stenosis. The physical examination revealed positive straight leg raise test; however, the description of the SLR test was not provided. The degrees of raise when pain was felt as well as the location of the pain were not mentioned. There was no red flag diagnoses related to the lumbar spine. Failure to respond to treatment was not documented and there was no mention of the consideration for surgery. Furthermore, a previous MRI had been done and there were no documented changes or new complaint. The criteria for requesting lumbar spine for back pain was not fulfilled by the patient. Therefore, the request MRI lumbar spine is not medically necessary.