

<b>Case Number:</b>	CM14-0179697		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 52-year-old female who reported an injury on 02/21/2007 due to an unknown mechanism. Diagnoses were right sacroiliitis, possibility of right lumbar radiculopathy, myofascial pain, chronic low back pain, right hip pain, status post left knee partial meniscectomy, bilateral knee pain, and degenerative joint disease bilateral knees. Physical examination on 09/12/2014 revealed complaints of persistent low back and lower extremity pain. The injured worker reported the pain severity as a 5/10. The injured worker reported she did have a flare up a few weeks ago, was given a Toradol injection which helped with the flare up pain. The injured worker also reported that the pain medication was helping with her symptoms, but was getting more relief with the gabapentin 3 times a day. The injured worker reported she felt her lower back and leg pain has increased over the last 2 years since her last MRI. The MRI dated 01/10/2012 revealed significant progression of disc desiccation in disc height at L5-S1 level, with associated endplate degenerative changes. There was minimal left neural foraminal narrowing. The L5 nerve root closely approximates the disc protrusion far laterally at the L5-S1 level. An EMG on 08/20/2012 of the right lower extremity revealed evidence of right S1 radiculopathy, subacute to chronic in nature, mild in severity, evidence of sensory polyneuropathy in right lower extremity. Examination revealed tenderness and spasms in the lumbar facet joint, paraspinal muscles, and right gluteal region. Dysesthesia to light touch on the right L5 dermatome. Strength was 5/5 in the right lower extremity. The injured worker had an antalgic gait, more on the right side. The treatment plan was for an MRI of the lumbar spine. The rationale and Request for Authorization were not submitted.

### 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 rationale:** The decision for MRI of the lumbar spine is not medically necessary. The California ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on a neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. Therefore, this request is not medically necessary.