

<b>Case Number:</b>	CM14-0025695		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Washington. 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 62-year-old female who reported an injury on 03/26/2004 due to a slip and fall on a wet floor. On 07/18/2013, the injured worker presented with cervical neck, bilateral shoulder, and chronic low back pain. Upon examination of the lumbar spine, there was spasm present and a positive Lasegue on the left. There was also a positive straight leg raise to the left and range of motion limited and painful. There was pain noted at the S1 distribution bilaterally. Prior treatment included trigger point injections, medications, and urinalysis screenings. The diagnoses were lumbar discogenic disease and chronic low back pain. The provider recommended an MRI of the lumbar spine; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. It is also stated that when a 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 neurologic 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 neurologic deficits on exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.