

<b>Case Number:</b>	CM14-0039611		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Nevada. 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 records presented for review, indicate that this 39-year-old female was reportedly injured on April 9, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of lumbar spine pain with occasional numbness of the right leg. There were also complaints of right shoulder pain. The physical examination demonstrated a positive right-sided straight leg raise and decreased sensation at the right foot. There was decreased right shoulder range of motion and strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not discussed. A request was made for an MRI of the lumbar spine and was non-certified in the pre-authorization process on February 3, 2014.

### 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:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations - MRI.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, an MRI of the lumbar spine is recommended for individuals with back pain and a progressive neurological deficit with no improvement of symptoms. According to the attached medical record, the injured employee does complain of radicular symptoms and there are objective findings of a radiculopathy on physical examination. Therefore, this request for an MRI of the lumbar spine is medically necessary.