

<b>Case Number:</b>	CM14-0047872		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 45 year old female who sustained an injury to her low back on 09/17/10. Mechanism of injury was not documented. Clinical note dated 01/14/14 reported that the injured worker continued to have problems with her neck and shoulders. The injured worker stated this was unchanged with pain rated at 8/10 on the visual analogue scale (VAS) and that she recently developed increasingly low back pain and went to physical therapy. The injured worker was also given a lumbar support. Clinical note dated 02/25/14 reported that the injured worker continued to have hip and low back pain. Mechanism of injury was a fall. She was having more difficulty working and felt she was unable to perform her activities of daily living properly. Clinical note at 03/25/14 reported that the injured worker stated her pain was worse 10/10 on the visual analogue scale (VAS). The most recent clinical note dated 06/02/14 reported that the patient felt that her pain was worse. She complained of right hip and lower extremities pain. Physical examination noted diffuse tenderness and tightness over the low back; positive Patrick's test with tenderness over the right hip; range of motion of the right hip was decreased compared to the left; motor and sensation intact. The injured worker was diagnosed with lumbar degenerative disc disease with possible right radiculopathy, myofascial pain syndrome, and rule out degenerative arthritis of the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic resonance images) of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Previous request was denied on the basis that there was no evidence to warrant repeat MRI. Furthermore, the previous imaging studies, including MRI and radiographs demonstrated multilevel degenerative changes of scoliosis both of which are ordinary diseases of life and predated the work related injuries. Additionally, positive Patrick test is not an indication for lumbar MRI. Identification of osteoarthritis of the right hip could be obtained with plain film radiographs. There were no additional significant red flag symptoms. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. Given this, the request is not medically necessary.