

<b>Case Number:</b>	CM14-0054517		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 54-year-old female with a reported date of injury on 07/26/2012. The mechanism of injury was reportedly caused by repetitive use. Her diagnoses included a lumbar myofascial sprain, a history of L4-5 disc protrusion, degeneration and possible radiculopathy. The previous surgeries include a bilateral carpal tunnel release and bilateral knee surgery. Previous conservative care was not provided within the documentation available for review. The injured worker presented with complaints of constant back pain, with pain radiating to the right leg and numbness to the foot. The pain increased with activities requiring bending and lifting, prolonged standing and walking. The physician recommended an L4-5 epidural injection and EMG/nerve conduction studies as well as a request for 12 therapy sessions. X-rays performed of the lumbar spine on 01/09/2014 revealed no acute process and no fracture, deformity or instability. The MRI of the lumbar spine dated 08/14/2012 was noted to reveal a 3 mm left foraminal protrusion with a partial annular tear of 3 to 4 mm, which moderately narrowed the left neural foramen without nerve root impingement. There was mild facet and ligamentum flavum hypertrophy. No canal or root foraminal stenosis was noted. The injured worker's medication regimen included Norco and Mobic. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for an MRI of the lumbar spine without dye was submitted on 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE W/O DYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The clinical information provided for review indicates the physician requested physical therapy; the results of which were not provided within the documentation available for review. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values in degrees and the utilization of a VAS pain score. The clinical information lacks documentation related to nerve compromise or neurological compromise. Therefore, the request for an MRI of the lumbar spine without dye is not medically necessary.