

<b>Case Number:</b>	CM14-0054726		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date of 08/23/07. Based on the 03/25/14 progress report provided by treating physician, the patient complains of pain from back down into the right leg. Patient's gait is slow and left antalgic. Physical examination revealed tenderness to mid back and slight swelling to left lower leg. Patient's medications include Ibuprofen, Cyclobenzaprine, Oxycodone, Colace, Lidoderm patch and Gabapentin. Physical therapy provided no relief. Patient was given Toradol injection into the left glute. Diagnosis 03/25/14- lower leg pain- lumbago- lumbar degenerative disc disease- lumbar facet arthropathy. The utilization review determination being challenged is dated 04/03/14. Treatment reports were provided from 10/16/13 - 03/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine)

**Decision rationale:** The patient presents with pain from back down into the right leg. The request is for an MRI of the lumbar spine. Patient's diagnosis dated 03/25/14 included lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. Physical examination on 03/25/14 revealed tenderness to mid back and slight swelling to left lower leg. Patient's medications include Ibuprofen, Cyclobenzaprine, Oxycodone, Colace, Lidoderm patch and Gabapentin. Physical therapy provided no relief. Patient was given Toradol injection into the left glut. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Treater has not provided reason for the request. Prior MRI of the lumbar spine was not documented in medical records. Per progress report dated 03/25/14, patient presents with radicular symptoms, however physical examination findings do not show neurologic deficits, and patient does not have diagnosis of radiculopathy as required by ODG. The request does not meet guideline indications. The request is not medically necessary.