

<b>Case Number:</b>	CM14-0064841		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 on Occupational Medicine 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:

This is a 50-year-old woman with a date of injury of 12/19/2002. This is a chronic injury. There is a 4/1/14 Pain Management reevaluation that documented complaints of back pain. There is pain in the upper and lower back that radiates to lower extremities associated with numbness. No mention of any specific dermatomal distribution. She has been using Vicodin and gabapentin. An MRI of the thoracic and lumbar spines was pending authorization. Examination showed paravertebral muscle spasm and tenderness in the thoracic and lumbar region. Straight leg raise is positive. There is decreased sensation over the L4, L5 and S1 dermatomes bilaterally. Diagnoses were lumbar spine sprain/strain; lumbar radiculopathy and thoracic spine sprain/strain. Medications were refilled. Disability status was deferred to the primary treating physician. A 3/4/14 report from the same physician did not contain any substantial new information but did mention deep tendon reflexes at the bilateral patella was 2+. Other submitted records indicate the past treatment has included epidural steroid injections (not effective) PT, and acupuncture several years ago. There is a 9/17/13 report which discusses low back pain with radiating pain, in the lower extremities. That report noted symptoms were getting worse and also requested a lumbar MRI. None of the reports in the interval between that report and the current request document that there is any treatment other than medications. No mention of any physical therapy or home exercise program.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** There are complaints of radicular symptoms but no specific dermatomal distribution. There are some sensory changes across 3 dermatomes documented. There is no mention of how long the symptoms have been present. There is no mention of any recent conservative treatment (other than the chronic medications use) such as physical therapy. There is no red flag and no indication this patient is a surgical candidate. Thus, the evidence provided does not meet MTUS/ACOEM guidelines criteria for repeat MRI of the thoracolumbar spines. This is not considered to be medically necessary.