

<b>Case Number:</b>	CM14-0068197		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 67 year old female who sustained an injury to her low back on 07/12/09 when she twisted her foot while walking. The injured worker reported intermittent low back pain 4-6/10 VAS. She stated the pain was at its worse when she was walking or standing for prolonged periods of time. She experienced occasional numbness in the lateral aspect of the left lower leg. Physical examination of the lumbar spine noted normal gait; tenderness to palpation at the midline, L4-5 and left paraspinal region, L4-5 and left sciatic notch; range of motion flexion 41 degrees, extension 21 degrees, right lateral flexion 19 degrees, left lateral flexion 16 degrees; sensation intact to light touch and pin prick in bilateral lower extremities; 5/5 in bilateral psoas, quadriceps, hamstrings, 4+ left TA, and 5-/5 left EHL, left inversion, left plantar flexion. 4+/5 left eversion; 5/5 right TA, EHL, inversion, plantar flexion, eversion; normal bilateral patella and Achilles reflexes; straight leg raise positive left at 40 degrees. There were no imaging studies provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 12, p 303; Chapter 13, p 341-343; Chapter 14, p 372; Official Disability Guidelines, Knee and Leg Chapter, MRI; Ankle and Foot Chapter.

**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 the injured worker had no treatment for what appears to be a new low back condition. There were no 'red flags' and the injured worker was clearly not a surgical candidate at the time. Therefore, appropriate conservative care was required prior to requesting imaging studies and the request was not deemed as medically appropriate. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication the injured worker was actively participating in a home exercise program. There was no record of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs of the lumbar spine were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Therefore, the request for MRI of the lumbar spine without dye is not medically necessary.