

<b>Case Number:</b>	CM14-0074328		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 60 year old male who reported an injury to his low back and right lower extremity. The utilization review dated 04/28/14 resulted in denial for magnetic resonance image (MRI) of the lumbar spine, right knee and foot as insufficient information was submitted regarding clinical presentation indicating the need for imaging studies. Procedure note dated 12/07/12 indicated the injured worker undergoing second epidural steroid injection and facet injections at L2-3, L3-4, L4-5, and L5-S1 bilaterally. A clinical note dated 11/28/12 indicated the he continued complaining of low back pain radiating to the lower extremities rated 5/10. No information was submitted regarding strength, reflex, or sensation deficits. He was unable to perform reflex testing secondary to increase in pain. The MRI dated 07/31/12 revealed degenerative stenosis degenerative findings at L3-4 with a central stenosis. Disc protrusions were identified at L2-3, L3-4, and L5-S1. The therapy note dated 04/24/14 indicated the injured worker complaining of constant low back pain with numbness and tingling in the right lower extremity rated 9/10. Paraspinal tenderness to palpation was identified at L2 through S1. Range of motion deficits were identified throughout the lumbar spine including 20 degrees of flexion and 10 degrees of extension and bilateral lateral bending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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

**Decision rationale:** The injured worker complained of low back pain with associated numbness and tingling in the lower extremities. MRI is indicated for injured workers who have completed all conservative treatment addressing lumbar spine complaints. No information was submitted regarding recent completion of conservative treatment. Given this, the request for magnetic resonance image (MRI) of the lumbar spine is not indicated as medically necessary.

**MRI, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The injured worker complained of low back pain with associated numbness and tingling in the lower extremities. MRI is indicated for injured workers who have completed all conservative treatment addressing lumbar spine complaints. No information was submitted regarding recent completion of conservative treatment. Given this, the request for magnetic resonance image (MRI) of the right knee is not indicated as medically necessary.

**MRI, right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** The injured worker complained of low back pain with associated numbness and tingling in the lower extremities. MRI is indicated for injured workers who have completed all conservative treatment addressing lumbar spine complaints. No information was submitted regarding recent completion of conservative treatment. Given this, the request for magnetic resonance image (MRI) of the right foot is not indicated as medically necessary.