

<b>Case Number:</b>	CM14-0079866		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/17/1998
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Pain Medicine and is licensed to practice in Texas and New York. 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 65 year old female who sustained an injury to her low back on 08/17/98. Clinical note dated 04/24/14 reported that the injured worker continued to complain of low back and bilateral lower extremities pain that was increasing. Her pain radiated primarily into the right buttock, thigh, leg, and foot, but she had similar pain in the left lower extremity, although it was less severe. Physical examination noted strength 5/5 in bilateral upper extremities/lower extremities to detailed testing; sensation to light touch normal in bilateral upper extremities/lower extremities; antalgic gait favoring neither lower extremities. Electromyogram/nerve conduction velocity of bilateral lower extremities dated 03/21/14 was unremarkable. Magnetic resonance image of the lumbar spine was requested to evaluate the increasing pain. She was advised to return to the clinic once the imaging studies had been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI-Lumbar without Contrast:** Upheld

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

**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:** Based on the medical records provided for review, there was no indication that plain radiographs of the lumbar spine were obtained prior to the request for more advanced MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated. There were no physical examination findings of decreased motor strength, increased reflex, or sensory deficits. There were no additional significant 'red flags' identified. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. Given this, the request for MRI of the lumbar spine without contrast is not medically necessary and appropriate.