

<b>Case Number:</b>	CM14-0087270		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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 injured worker is a 45-year-old female who reported a heavy lifting injury on 06/16/2012. On 01/29/2014 her diagnoses included lumbar spine radiculopathy and lumbar spine stenosis. An MRI of the lumbar spine dated 07/29/2013 revealed disc protrusion at L4-5 with central and foraminal stenosis and annular fissure. At L5-S1 there was a 3 mm disc bulge with pressure over the left S1 nerve root and annular fissure. Her complaints included pain in the lower back which radiated down the left posterolateral lower extremities to the feet in the L4-5 and L5-S1 distributions. She rated the pain at a constant 7/10 and mentioned it increased with sitting and standing for prolonged periods of time and with Valsalva maneuvers such as coughing or sneezing. She further reported numbness and weakness in the left lower extremity. Examination of the lumbar spine revealed no tenderness to palpation over the spinous processes. There was positive paraspinal hypertonicity and myofascial trigger points at the L3-S1 levels. She had bilateral tender sciatic notches and a positive straight leg raising test at 50 degrees on the left side. Her treatment history included conservative care consisting of activity modifications, drug therapy and physical therapy without amelioration of her pain. She was participating in a home physical therapy program. There was no rationale or Request for Authorization submitted in this worker's chart.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

**Decision rationale:** California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion. Confusion may include false positive test results, due to the possibility of identifying findings that were present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of patients over the age of 40. This worker has had a series of epidural steroid injections, but there was no documentation regarding increased functional abilities or decreased pain as a result of these injections. She had an MRI of the lumbar spine on 07/29/2013 which revealed a clear impression of disc bulges and nerve compression. There is no clear justification for a repeat MRI. Therefore, this request for MRI of the lumbar spine is considered not medically necessary.