

<b>Case Number:</b>	CM14-0087388		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/07/2014
<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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 55-year-old female with a reported injury on 07/30/1998. The mechanism of injury was not provided. The injured worker's diagnoses consisted of lumbar stenosis, back pain, and right leg pain. There was a lack of evidence of previous treatments and the efficacy. The injured worker had a previous MRI on 11/26/2013 of the lumbar, which showed extensive degenerative bone, disc, and joint changes noted throughout the lumbar spine with associated spinal stenosis, foraminal narrowing, and alignment abnormalities. The injured worker had an examination on 04/14/2014. It was discussed the results of her MRI that showed degenerative joint disease and stenosis. The injured worker rated her back pain and her leg pain at an 8/10 without her medications. With her medications, the pain is decreased to a 3/10 and she is able to function better. She complained of having back spasms daily, but reported that her medication helps a lot with that as well. There was not an examination of motor strength, sensation, or reflexes. There was no evidence of neurological deficit. The list of medications included OxyContin, oxycodone, and Soma. The recommended plan of treatment is for the injured worker to have an updated MRI of her lumbar spine due to her severe stenosis. The Request for Authorization was signed and dated for 04/24/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back, MRIs.

**Decision rationale:** The magnetic resonance imaging (MRI) for the low back is not medically necessary. The American College of Occupational and Environmental Medicine recommends an MRI to be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. If there is physiological evidence that indicates tissue insult or nerve impairment, it may be recommended to have an MRI. The Official Disability Guidelines recommend MRIs for the lumbar spine if there is lumbar trauma or neurological deficit, or if there is a chance of a fracture, or uncomplicated low back pain with radiculopathy with at least 1 month conservative therapy. There is a lack of evidence that there has been any new trauma since the last MRI, which was done on 11/26/2013. There is a lack of evidence in the examination of neurological deficits and there was a lack of evidence of conservative therapy that has been failed. There was no evidence or complaint of radiculopathy pain. The clinical information fails to meet the evidence-based guidelines for the request for MRI. Therefore, the request for the MRI for the low back is not medically necessary.