

<b>Case Number:</b>	CM13-0066441		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 27-year-old female who reported an injury on 08/26/2011. Mechanism of injury was not submitted for review. The injured worker's diagnoses are neck pain with 2 mm disc bulge, low back pain with 4 mm disc protrusion at L5-S1 and depression. Treatment consisted of epidural steroid injections, sessions with a psychologist, and medication therapy. Medications include Neurontin and Norco. The injured worker underwent an MRI of the neck 04/25/2011 which revealed a 2 mm disc bulge/osteophyte complex at C3-4 and a 1 mm disc bulge at C4-5. The injured worker also underwent an MRI of the lumbar spine on 12/21/2011 which revealed a 4 mm disc protrusion at L5-S1 and a 3 mm disc protrusion at L4-5. An MRI of the lumbar spine dated 04/19/2013 revealed 4 to 5 mm disc protrusion/extrusion at L4-5 and L5-S1. On 11/19/2013 the injured worker complained of pain in her low back. That day she had tingling and numbness in both legs. Physical examination of the lumbar spine revealed tenderness to palpation in the area of the lumbosacral spine. Sciatic nerve root irritation tests bilaterally were positive at 30 degrees in the supine position. Knee and ankle jerk reflexes bilaterally were 2+. The injured worker was intact to pinprick in the right and left lower extremities. Right and left quadriceps muscles, extensor hallucis longus muscles and foot plantar muscles were all Grade 5. Medical treatment plan was for the injured worker to undergo an MRI of the lumbar spine. Rationale and Request for Authorization Form were not submitted for review.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that unequivocal objective findings identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when neurologic exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering any imaging study. The included documentation did not include any significant neurologic deficits on physical examination. Additionally, documentation failed to indicate that the injured worker had trialed and failed an adequate course of conservative treatment. The report did state that the injured worker underwent MRIs of the lumbar spine on 04/25/2011 and again on 04/19/2013. There was no rationale submitted for review to warrant to request for a repeat MRI. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits upon physical examination, an MRI is not supported by the referenced guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.