

<b>Case Number:</b>	CM14-0156056		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Emergency Medicine, 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 58-year-old female, with a reported date of injury of 06/09/2009. The mechanism of injury was a slip and fall. The result of the injury was low back pain. The diagnosis includes lumbar sprain/strain. Treatments have included physical therapy; Biofreeze; an MRI of the lumbar spine on 06/18/2014, which showed type 2 Modic degenerative endplate marrow changes at L5-S1, grade 1 anterolisthesis of L4 on L5, degenerative discogenic spondylosis at L1-L2 and L4-L5, and desiccated intervertebral disc at L1-L2 through L5-S1; and an electrodiagnostic study of the lumbar spine and lower extremities on 07/10/2014, which showed peripheral neuropathy of the right tibial motor nerve. The medical records did not provide the reports for the physical therapy sessions. The medical records do not include the recent medical report. The progress report (PR-2) dated 02/28/2014 indicates that the injured worker complained of pain in the low back that is accompanied by pain the left lower extremity. She described the pain as aching and pinching, and said that it was made worse by bending or lifting. It was noted that the injured worker had nine (9) out of twelve (12) physical therapy sessions. The objective findings included mild pain to palpation of the posterior superior iliac spine; and left sacroiliac joint; decreased range of motion in flexion; discomfort in the low back with all motion; normal light touch sensation; and slow normal gait. On 09/04/2014, Utilization Review (UR) denied the request for Anatomical Impairment Measurements - Multiple position MRI. The UR physician cited the ACOEM Guidelines, and the Official Disability Guidelines. The UR physician noted that the guidelines do not support MRI evaluation of the lumbar spine in the absence of an objective radiculopathy diagnosis or realistic surgical plan; and the guidelines indicate that a repeat MRI is not routinely recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anatomical Impairment Measurement - Multiple position MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging - Magnetic Resonance Imaging

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

**Decision rationale:** The requested for anatomical impairment measurement - multiple positions MRI, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The treating physician has documented mild pain to palpation of the posterior superior iliac spine; and left sacroiliac joint; decreased range of motion in flexion; discomfort in the low back with all motion; normal light touch sensation; and slow normal gait. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, anatomical impairment measurement - multiple positions MRI are not medically necessary.