

<b>Case Number:</b>	CM14-0161845		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Rehab 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 patient is a 50 year old female with date of injury 06/1/11. The treating physician report dated 08/25/14 (807) indicates that the patient presents with pain affecting wrists, lumbar spine pain, and right leg. The patient states her pain in the wrist is 5/10 with numbness, her lumbar spine pain is 7/10 and radiates down right leg with numbness. Physical Examination findings reveal in the lumbar spine that ROM flexion is 40 degrees, extension is 20 degrees, and bilateral flexion is 25 degrees. The current diagnoses are: 1. Cervical Spine Sprain 2. Myospasm 3. Lumbar Spine Radiculitis, 4. Right wrist sprain R/O CTSThe utilization review report dated 09/08/14 denied the request for an MRI based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, MRI Section

**Decision rationale:** The patient presents with low back pain. The current request is for MRI (magnetic resonance imaging) without contrast. The RFA dated 08/25/14 indicates that the MRI is for the lumbar spine. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. In this case, the patient does have low back pain with radiculopathy. There is no indication that a previous MRI was completed. The current request meets the requirements as outlined in the guidelines. Therefore, this request is medically necessary.