

<b>Case Number:</b>	CM14-0179304		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 50 year-old female, who was injured on April 19, 2014, while performing regular work duties. The mechanism of injury is due to a slip and fall, with resultant injury to the left knee and right ankle. The evaluation on October 9, 2014, indicates the injured worker has intermittent, achy pain of the low back, which is rated 3-4 out of 10 on the pain scale. The injured worker is not currently working. An evaluation on November 6, 2014, indicates the injured worker is undergoing physical therapy, is now limping from the left knee pain and right ankle injury. Physical findings on November 6, 2014 are noted as paraspinal muscle spasm, tenderness, and restricted range of motion of the lumbar. The records indicate the injured worker is undergoing physical therapy three times weekly for the low back, left knee, and right ankle. Current medications are: Naproxen, and Omeprazole. The records do not indicate completion of therapy, or any need for surgery of the low back. The records do not indicate nerve dysfunction, or symptoms of radiculopathy of the low back. The request for authorization is for magnetic resonance imaging of the lumbar spine. The primary diagnosis is ankle sprain. On October 21, 2014, Utilization Review non-certified the request for magnetic resonance imaging of the lumbar spine, based on MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar magnetic resonance imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-303, Chronic Pain Treatment Guidelines Page(s): 67-68, 98-99.

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

**Decision rationale:** The requested lumbar magnetic resonance imaging (MRI) is not medically necessary. California MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page(s) 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 paraspinal muscle spasm, tenderness, and restricted range of motion of the lumbar. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor completion of physical therapy trials. The criteria noted above not having been met, Lumbar MRI is not medically necessary.