

<b>Case Number:</b>	CM14-0182899		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 01/14/2011. The date of an initial utilization review now under appeal is 10/13/2014. A procedure note of 04/26/2014 indicates the patient underwent bilateral L5-S1 epidural injections due to a lumbar radiculopathy. This patient was seen in primary treating physician followup 09/16/2014. That visit was an orthopedic followup visit. The patient reported constant pain in the cervical spine, worse with repetitive motion, as well as constant pain in the low back worse with bending, lifting, twisting, pushing, pulling, prolonged standing, or walking. On exam, the patient had tenderness in the affected areas. No specific neurological deficits were noted except the patient had 4/5 strength in the wrist extensors and biceps and C6 innervated muscles as well as tingling in a C-7 dermatomal pattern. The treating physician felt the patient had a right C5-C7 discopathy with segmental instability as well as lumbar discopathy with multilevel level spondylosis and segmental instability. A request was made for an MRI of the cervical spine. The patient was noted to have cervical spine limitation limitations and symptoms for more than 4-6 weeks and was also noted to have lumbar spine pain with leg numbness lasting more than 4-6 weeks based on ACOEM Guidelines page 296.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The treating physician refers to ACOEM Guidelines page 296, which indicates that with regard to lumbosacral radiculopathy no testing is indicated for 4-6 weeks unless compression is severe or progressive. I note as well that ACOEM Guidelines, Chapter 12, Low Back, page 309, states that MRI imaging is indicated when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. Overall in this case, the records do not document lumbar or lower extremity findings in the particular nerve root distribution. Differential diagnosis supporting the request for a lumbar MRI is not apparent. This request is not medically necessary.