

<b>Case Number:</b>	CM15-0009107		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 53 year old female, who sustained an industrial injury on February 19, 2010. She has reported pain, burning, numbness and stabbing in the right buttock low back and right leg and was diagnosed with sacroilitis-right, lumbar degenerative disc disease, chronic pain syndrome, muscle pain, sacroiliac joint pain and depression. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, pain medications and treatment modalities. Currently, the IW complains of pain, burning, numbness and stabbing in the right buttock low back and right leg. The IW reported an industrial injury in 2010, resulting in continued pain as previously described. She was treated with pain medications and steroid injections. Steroid injection on January 9, 2014 subjectively provided no benefit. An appointment was made with a psychologist for evaluation of the development of depression secondary to chronic pain. Urine toxicology screen on November 20, 2014, was reported as consistent with prescribed medications. She continued to have pain. Further radiographic studies were requested. On January 15, 2015, Utilization Review non-certified a Lumbar Spine MRI without contrast, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested Lumbar Spine MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI without contrast:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Yes, the proposed lumbar MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the applicant has ongoing complaints of low back pain radiating to the right leg. 5-/5 right lower extremity strength was appreciated on multiple office visits of late 2014 and early 2015, referenced above. The applicant has apparently consulted a spine surgeon, who has apparently endorsed the procedure at hand. The primary treating provider has suggested that the applicant is willing to consider surgical intervention based on the outcome of the study in question. Therefore, the request is medically necessary.