

<b>Case Number:</b>	CM15-0019587		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 55-year-old female, who sustained an industrial injury on 11/14/2014. The current diagnoses are back pain, lumbar sprain/strain, degenerative disc disease, sacral sprain/strain, knee pain, left medial collateral ligament sprain/strain/tear. According to the progress report dated 1/8/2015, the injured worker complains of low back, sacrum, and left knee/leg pain. The low back pain radiates into the head, neck, shoulder, hip, buttock, and leg. The symptoms include tingling, stiffness, weakness, shortness of breath, and tenderness. The pain is rated 7/10 on a subjective pain scale. The sacral pain radiates into the head, neck, lower back, and buttocks. The symptoms include tingling. The pain is rated 6/10. The left knee pain radiates into the hip, leg, and ankle. The symptoms include swelling, tingling, popping, weakness, and shortness of breath. The pain is rated 6/10. The current medications are Flexeril, Ibuprofen, Naprosyn, Soma, Vicodin, and Tylenol with Codeine. Treatment to date has included medication management, ice application, and x-rays. The plan of care includes MRI of the lumbar spine, physical therapy to the lumbar spine, Naprosyn, Prilosec, and MRI of the left knee with magnevist/arthrogram.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no indication that the patient would consider additional surgery as an option. In addition, the patient does not have any clear evidence of lumbar radiculopathy or any evidence of new findings. Therefore, the request for MRI of the lumbar spine is not medically necessary.