

<b>Case Number:</b>	CM15-0131117		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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 is a 57 year old female, who sustained an industrial injury on 4/17/2007. The medical records submitted for review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include thoracic/lumbosacral radiculitis, sacroiliitis, lumbosacral spondylosis and disorders of the sacrum. Currently, she complained of pain rated 8/10 VAS at worst and 3/10 VAS at best. Lumbar pain was reported decreased since radiofrequency ablation. On 6/5/15, the physical examination documented tenderness and decreased range of motion. There was a positive right side Gaenslen's test, positive straight leg raise test, and decreased sensation noted. The plan of care included Lumbar spine MRI.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had an MRI in 2009 and there have been no increase in symptoms since then. Actually, lumbar pain was reported decreased since radiofrequency ablation. The request for MRI of the lumbar spine is determined to not be medically necessary.