

<b>Case Number:</b>	CM15-0136880		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 10/16/14. The injured worker was diagnosed as having low back pain with right lower extremity radicular symptoms. Treatment to date has included aqua therapy, physical therapy, and medication. Physical examination findings on 6/23/15 included pain with lumbar flexion and extension and reduced sensation of the right L5 dermatome. Straight leg raising was positive on the right. Currently, the injured worker complains of pain in the neck, right upper extremity, low back, and right lower extremity. The treating physician requested authorization for an open MRI with contrast of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI with contrast (lumbar spine):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines.

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

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is evidence of nerve compromise that is not present prior to the accident. A progress note on 4/22/2015 documents the patient has new onset radicular pain since the work related injury. In addition, she was found to have reduced sensation at the L5 dermatome. The provider has ordered a MRI to evaluate the stability of previous L4-L5 fusion status post-accident. As such, the currently requested lumbar MRI is appropriate and medically necessary.