

<b>Case Number:</b>	CM15-0140590		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

### 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 53 year old female with an industrial injury dated 02-02-2008. The injured worker's diagnoses include L5-S1 disc herniation with severe mechanical axial back pain and bilateral lower extremities S1 radiculopathies, cervicgia, cervical spasm, lumbar spasm and cervical disc herniations at the C4-C7 levels. Treatment consisted of nerve conduction studies, prescribed medications, epidural injection, physical therapy, pain management consultation and periodic follow up visits. In a progress note dated 06-18-2015, the injured worker presented regarding her lumbar spine. The injured worker reported a continuation of severe back and leg radiculopathies down bilateral legs. Objective findings revealed tenderness to palpitation in the lumbar musculature, bilateral sciatic notch tenderness, left greater than right and positive straight leg raises. The treating physician prescribed services for lumbar Magnetic Resonance Imaging (MRI) without contrast now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 2008 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Lumbar MRI without contrast is not medically necessary and appropriate.