

<b>Case Number:</b>	CM15-0142107		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Hawaii

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 71 year old female, who sustained an industrial injury on March 27, 2003. The injured worker was diagnosed as having chronic lower back pain with radiculopathy and post laminectomy syndrome. Treatment to date has included surgery, therapy and medication. A progress note dated June 23, 2015 provides the injured worker complains of back pain radiating to buttocks and legs. She rates the pain 8 out of 10. The plan includes magnetic resonance imaging (MRI) of lumbar spine due to increased pain and radiculopathy, continue medication and heating pad.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back-Lumbar & Thoracic, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

**Decision rationale:** The patient presents with pain affecting the lumbar spine which radiates into the bilateral lower extremities. The current request is for MRI of the Lumbar Spine. The treating physician states in the report dated 6/23/15, "Request MRI-lumbar spine due to worsening pain, (+) radiculopathy." (12B) The ODG guidelines support MRI scans for patients with lower back pain with radiculopathy and other red flags. In this case, the treating physician has documented that the patient has radiating pain into the bilateral extremities. The patient has not had an MRI scan done prior to this request and the pain is worsening. The current request is medically necessary.