

<b>Case Number:</b>	CM15-0164480		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Connecticut, California, Virginia  
 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 53 year old female, who sustained an industrial injury on 3-31-2000. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, failed lumbar back syndrome, sacroiliac instability, coccygodynia and sacroilitis. Prior lumbar magnetic resonance imaging showed atypical hemangioma that needed monitoring every 6 months. Treatment to date has included therapy and medication management. In a progress note dated 8-3-2015, the injured worker reports improved low back and leg pain after epidural steroid injection, rated 5 out of 10. Physical examination showed positive lumbar trigger points and antalgic gait. The treating physician is requesting lumbar spine magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic): MRI (magnetic resonance imaging).

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

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The patient has a prior history of T12 hemangioma on MRI that does warrant continued monitoring, however, the relationship of this lesion at the T12 level does not coincide to her work-related injury complaints at this time based on physical exam. Without further indication for imaging based on the work related injury, the request for MRI at this time cannot be considered medically necessary per the guidelines as a part of the injury case, although imaging to monitor the hemangioma may be clinically indicated.