

<b>Case Number:</b>	CM15-0164775		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/16/2015
<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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 70 year old female who reported an industrial injury on 4-29-2012. The history notes a work related injury on 12-28-2007, followed by right wrist surgery on 1-17-2008. Her diagnoses, and or impression, were noted to include: lumbosacral musculoligamentous sprain-strain with attendant right lower extremity radiculitis and right sacroiliac joint sprain; status-post 1-17-2008 right wrist surgery; lumbalgia; lumbosacral neuritis-radiculitis; lumbosacral sciatic syndrome; and right hip contusion-sprain. No current imaging or electrodiagnostic studies were noted. Her treatments were noted to include: diagnostic x-rays and magnetic resonance imaging studies of the lumbar spine; an agreed medical examination on 4-2-2015; physiotherapy - lumbar spine; a home exercise program; activity modifications; medication management with toxicology screenings; and rest from work. The Doctor's first report of injury notes on 6-24-2015 reported an initial evaluation for complaints which included mid and low back pain that radiated into the right leg, and right hip pain. Objective findings were noted to include: tenderness with guarding over the thoracic and lumbar para-vertebral musculature; slight tenderness over the lumbosacral junction, right sacroiliac joint and right sciatic notch; positive right straight leg raise, both seated and supine, with positive paresthesia extending to the right foot; left straight leg raise elicited increased low back pain; positive Yeoman's and Gaenslen's tests for increased pain over the sacroiliac joint; specific degrees of lumbar range-of-motion; and decreased sensation in the right lower extremity over the lumbosacral nerve root distribution. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbar spine given her chronic, radiating low

back pain. The Utilization Review of 7-16-2015 non-certified the request for magnetic resonance imaging studies of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** In this case, the documentation submitted does not clearly state that a lumbar MRI was performed with previous MRIs. It is also unclear as to what the patient's complaints were at the time of the previous MRIs compared to current findings. Thus it is not possible to know if the patient has a progressive neurologic dysfunction that would warrant a repeat MRI. There also seems to be no evidence of tumor, infection, or trauma that would warrant an MRI. There is no current evidence of specific nerve compromise to warrant imaging. Further there is no physiologic nerve dysfunction (EMG/NCV) indicating the need for an MRI. Therefore the request for a lumbar MRI is not medically necessary or appropriate.