

<b>Case Number:</b>	CM15-0186851		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/09/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 47 year old female with a date of injury on 8-9-05. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 8-5-15 reports continued complaints of neck and lower back pain. The lower back is worse than her neck rated 3-6 out of 10. The average pain last week was 7 out of 10 and the pain without medication is 7 out of 10. Physical exam reveals cervical spine tenderness and painful range of motion with normal limits. The lumbar spine has tenderness and also has painful full range of motion. MRI of lumbar spine dated 6-7-10 revealed disc dislocation and mild disc height loss, disc bulge, left annular tear, moderate facet hypertrophy and mild left neural foraminal narrowing. Request for authorization dated 8-6-15 was made for MRI of lumbosacral spine without contrast. Utilization review dated 8-24-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbosacral Spine without contrast:** 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:** According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, 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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 8/9/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. There are no radiology reports of previous plain film radiographs. Therefore the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.