

<b>Case Number:</b>	CM15-0191800		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/10/1992
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Emergency 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 70 year old female, who sustained an industrial injury on 11-10-92. The documentation on 8-25-15 noted that the injured worker has complaints of low back pain and right knee pain. The examination of the lumbar range of motion remains significantly diminished with lumbar flexion approximately 46 degrees at which point the injured worker has bilateral low back pain with bilateral hip pain. the injured worker has guarding and tenderness with palpation of the bilateral lumbar paraspinal muscles, to a greater on the right compared with the left and has osteoarthritic changes both knees, greatest on the right. The diagnoses have included lumbosacral neuritis, osteoarthritis right knee. Treatment to date has included right knee injections; Ultram and Neurontin. Magnetic resonance imaging (MRI) in November 2011 revealed circumferential disc bulge L4-5, facet arthropathy, right synovial cyst projecting from the facet joint into the canal causing severe effacement of the right lateral recess and moderate narrowing of the neuroforaminal, moderate narrowing of the left neuroforaminal disc bulge L5-S1 (sacroiliac), mild central canal stenosis and degenerative changes L4-5. Electrodiagnostic studies reveal right L5 and L4 lumbosacral radiculopathies with both acute and chronic changes seen. The original utilization review (9-9-15) denied the request for magnetic resonance imaging (MRI) of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without Contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on Low Back Pain.

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

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has known pathology from MRI and electrodiagnostics. There is no justification documented for why a new MRI of lumbar spine was needed or how it will change management. MRI of lumbar spine is not medically necessary.