

<b>Case Number:</b>	CM15-0201040		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 23-year-old female, with a reported date of injury of 09-24-2013. The diagnoses include lumbar sprain and strain, low back muscle spasm, low back pain, and lumbosacral intervertebral disc displacement. Treatments and evaluation to date have included Acetaminophen, Polar Frost gel, Orphenadrine, and Meloxicam. The diagnostic studies to date have included an MRI of the lumbar spine on 02-27-2014 which showed mild disc degeneration at L5-S1, L5-S1 mild to moderate right foraminal stenosis. The progress report dated 05-12-2015 indicates that the injured worker had herniated nucleus pulposus at L5-S1, limped, and was unable to go from sit to stand. The objective findings include decreased range of motion, positive bilateral straight leg raise test; pain with motion; and positive Lasegue's sign. It was noted that the injured worker last worked on 10-10-2013. The progress report dated 09-15-2015 indicates that the injured worker was no longer limping. She still had lower back pain, but it was much improved since her initial evaluation. The subjective findings include intermittent slight low back pain at rest, becoming intermittently moderate with heavy lifting and repetitive bending and stooping. The objective findings include left sciatic notch pain; sensory deficit S1 left foot; no limp; and positive Lasegue's sign on the left side. The treating physician requested an MRI of the lumbosacral spine. On 09-17-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbosacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbosacral Spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in September 2013 when she tripped on an electrical cord. An MRI of the lumbar spine in February 2014 showed findings of an L5/S1 disc herniation with left lower extremity radiculopathy. Surgery was recommended but was declined. When seen, she was limping. There was decreased lumbar spine range of motion with positive straight leg raising bilaterally. Lasegue and seated nerve testing was positive. There was a left lower extremity S1 sensory deficit. The claimant's body mass index is nearly 35. . Authorization for a lumbar epidural injection was pending. An updated MRI was requested. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The claimant's left lower extremity radiculopathy was already demonstrated by the MRI in February 2014. A repeat MRI is not medically necessary.