

<b>Case Number:</b>	CM15-0203713		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female, who sustained an industrial injury on 8-18-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy. The Primary Treating Physician's report dated 9-10-2015, noted there had been no significant improvement since the last examination. The injured worker's current medications were noted to include Omeprazole, Ketoprofen ER, Tramadol HCL, and Orphenadrine ER. The physical examination was noted to show tenderness to pressure over the medial knees. The lumbar spine paravertebral muscles were noted to be exquisitely tender with the lightest touch in the back producing significant pain and reduced sensation in the bilateral S1 dermatomal distribution and positive straight leg raise bilaterally. The treatment plan was noted to include requests for authorization for the Orphenadrine and a MRI of the lumbar spine. The injured worker's work status was noted to be modified work, being temporarily totally disabled. The request for authorization dated 9-10-2015, requested a MRI of the lumbar spine without contrast. The Utilization Review (UR) dated 9-22-2015, non-certified the request for a 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 of the lumbar spine without contrast:** Upheld

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

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

**Decision rationale:** MRI of the lumbar spine without contrast is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends that imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The documentation submitted does not reveal new findings or a red flag diagnoses. The patient has had an injury dating back to 2011. It is unclear what prior radiographs or imaging of the lumbar spine was done in the past. Also it is unclear how an MRI would alter this treatment plan. The request for a lumbar MRI is not medically necessary.