

<b>Case Number:</b>	CM15-0215021		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/12/1999
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California  
 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 is a 68-year-old female with a date of industrial injury 10-12-1999. The medical records indicated the injured worker (IW) was treated for lumbar spine strain. In the progress notes (10-1-15), the IW reported worse pain in the lower back and increasing radiating pain, numbness, tingling and weakness in the right lower extremity over the past several months. She denied bowel and bladder incontinence and hip pain. On examination (10-1-15 notes), there was tenderness to palpation over the paravertebral muscles. Ranges of motion, in degrees, were: flexion 20, extension 10, right lateral bending 10, left lateral bending 15, right lateral rotation 20 and left lateral rotation 15. Pain was increased with motion, especially extension. Straight leg raise and rectus femoris stretch sign caused pain in the back without nerve irritability. Patchy, decreased sensation was noted in the right lower extremity, mostly in the L5 distribution. She was unable to heel and toe walk. Trendelenburg's sign was negative. No lower extremity sensory deficits were noted in the 4-1-15 exam, otherwise the lumbar spine exam was the same. Treatments included medication and home exercise. The IW was retired. Lumbar spine x-rays and MRI were requested to help guide the IW's treatment. A Request for Authorization was received for x-rays of the lumbar spine and MRI of the lumbar spine. The Utilization Review on 10-20-15 non-certified the request for x-rays of the lumbar spine and MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the lumbar spine:** 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): Summary.

**Decision rationale:** According to the guidelines, x-rays of the lumbar spine are indicated in cases where there are red flag symptoms of tumor, fracture or infection. In this case, the claimant does not have clinical symptoms or findings that are acute in nature. The neurological abnormalities are in the upper extremities. The treatment plan options related to findings from x-ray results were no mentioned. The request for the x-ray is not medically necessary.

**MRI of the lumbar spine:** 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): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.