

<b>Case Number:</b>	CM15-0057702		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who sustained a work related injury on May 5, 2003, incurring injuries to her back. She was diagnosed with lumbar spine stenosis and radiculopathy, cervical spine degenerative disc disease with disc bulges, thoracic spine strain, and right chondromalacia patella. Treatment included trigger point injections, physical therapy, neuropathy medications, antidepressants and pain management. Currently, the injured worker complained of constant pain in the right lumbar spine with constant radiation to the right lateral thigh, leg and right great toe. The treatment plan that was requested for authorization included a lumbar Magnetic Resonance Imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (lumbar):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306.

**Decision rationale:** The patient presents with lumbar spine pain. The current request is for MRI Lumbar. The treating physician states, "The patient reports constant pain in the right lumbar spine rated 7 to occasional 9 on a scale of 1-10, ten being most severe with constant radiation to the right lateral thigh, lateral leg, and right big toe. There is no left lower extremity pain. There is occasional tingling and numbness radiating to the right lateral thigh, leg to the dorsum of the right foot. She reports giving way of the right lower extremity approximately once a week and she has fallen once without subsequent injury. I am requesting MRI of the lumbar spine in an open unit facility as the patient is claustrophobic." (B. 20/21) ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." In this case, the patient has been diagnosed with bilateral sciatic nerve root compression at L5/S1. The patient also shows signs of possible nerve compromise due to symptoms described by the treating physician. The current request is medically necessary and the recommendation is for authorization.