

<b>Case Number:</b>	CM15-0089606		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/26/2001
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New York, West Virginia, Pennsylvania  
 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 55 year old female, who sustained an industrial injury on 5/26/2001. Diagnoses have included L4-5 disc bulge with bilateral L4 and L5 radicular pain and increased left weakness and C6-7 disc bulges with bilateral C6 and C7 radicular pain. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 4/13/2015, the injured worker complained of increased left leg numbness and weakness. She complained of neck and back pain and bilateral upper and lower extremity pain. She was taking Anaprox, Topamax and Protonix. She was performing a home exercise program consisting of core exercise and walking. She reported increased lower extremity numbness in her feet and toes which was worsened by walking. Exam of the lumbar spine revealed tenderness to palpation. Strength testing of the right lower extremity showed 5- weakness in the quadriceps and tibialis anterior, left showed 5- quadriceps weakness, and 4+ weakness in tibialis anterior, EDB, peroneus and toe flexors. It was noted that the last lumbar magnetic resonance imaging (MRI) results were not available and were performed approximately ten years ago. Authorization was requested for magnetic resonance imaging (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:

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Guidelines recommend lumbar spine MRI in patients with objective findings of a specific nerve compromise on neurologic examination, who have failed conservative treatment and who are considering surgical treatment. In this case, the patient's exam did not provide evidence of a dermatomal distribution of pain, numbness and root tension sign and the patient was still undergoing home therapy and medication. The request for lumbar spine MRI is not medically necessary and appropriate.