

<b>Case Number:</b>	CM15-0089656		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<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: California

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 63 year old female, who sustained an industrial injury on 3/6/11. She reported injury to her hands, knees and back after a trip and fall accidents. The injured worker was diagnosed as having lumbago, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included an EMG study of the lower extremities, a TENs unit, a lumbar nerve block in 7/2014 with good results and a lumbar MRI in 2011 showing bulging discs. Current medications include Flector patch, Vicodin and Ketoprofen. As of the PR2 dated 4/8/15, the injured worker reports low back pain described as jabbing, constant, electrical, burning and tingling. The frequency of the pain is daily and her function level is poor. The treating physician noted facet loading signs and bilateral paraspinous muscle spasms. The treating physician requested a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** The requested Magnetic resonance imaging (MRI) of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain described as jabbing, constant, electrical, burning and tingling. The treating physician has documented facet loading signs and bilateral paraspinous muscle spasms. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary.