

<b>Case Number:</b>	CM14-0115897		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36 year-old female who reported an injury on 02/18/2014 due to a fall. The diagnoses included sprain/strain of the lumbar spine, low back pain, and muscle spasms of the back. Past treatments included medications, physical therapy, acupuncture, and chiropractic care. Diagnostic studies included an MRI of the lumbar spine in 2001 that revealed 2mm disc bulges, radiographs on 07/03/2014 that revealed no significant osteoarthritis of the lumbar spine, minor anterior osteophytes in the L4 vertebral body, slight sclerosis between L4 and L5, stenosis at L5-S1, and no evidence of spondylolisthesis or spondylosis. On the clinical note dated 07/03/2014, the injured worker complained of constant low back pain with intermittent radiation of pain down the bilateral lower extremities, no numbness or tingling in the bilateral lower extremities, and inability to sit for more than 20 minutes without aggravating her low back pain. It was also noted that ambulation and bending were not a problem. The injured worker was also capable of lifting up to 20 pounds. The physical examination findings included normal ambulation with unguarded movements, a negative Waddell's test, a negative straight leg test, there were no focal motor or sensory deficits, patellar and achilles tendon reflexes were 1+ and symmetric. There was no evidence of exaggerated pain behaviors, moderate tenderness at the lumbosacral junction, and slight spasm in the lumbar paravertebral muscles. There were no current medications provided for the review. The treatment was for tramadol, 8 visits of physical therapy and an MRI of the lumbar spine. The physician noted that the rationale for the request was based on the fact that the injured worker had experienced pain for the past 5 months. The request for authorization form was not provided for the review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/12/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's.

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM 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. In regard to repeat MRI, the Official Disability Guidelines state that repeat studies are not routinely recommended, and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The injured worker has a history of low back pain with intermittent radiation down the bilateral lower extremities. Additionally, she has been treated with medications, physical therapy, acupuncture, and chiropractic care. She was also noted to have had a previous MRI of the lumbar spine in 2001 that revealed 2mm disc bulges. However, the physical examination reflected that the injured worker did not have any neurological deficits as she was noted to have normal findings with straight leg raises, and on the reflex, motor, and sensory exams. In addition, there was a lack of documentation showing that there has been a significant change in symptoms and progressive neurological deficits since her previous MRI, to warrant repeat testing. Therefore, in the absence of significant neurological deficits on physical exam and clear evidence of a significant change in condition since her previous study, an MRI is not supported. As such, the request is not medically necessary.