

<b>Case Number:</b>	CM14-0116946		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Neurology Surgery 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 records presented for review indicate that this 61 year-old female was reportedly injured on September 22, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 14, 2014, includes complaints of low back pain and bilateral leg pain. The physical examination on this date revealed tenderness along the lumbar spine paraspinal muscles and multiple trigger points. There was also tenderness at the SI joints. There was a positive right-sided straight leg raise test which was stated to be chronic. Diagnostic imaging studies of the lumbar spine dated January 7, 2014, indicates a fusion from L3-S1 with intact hardware. There was also a disc bulge at L2-L3 with foraminal narrowing and facet hypertrophy. Previous treatment includes lumbar spine surgery, a spinal cord stimulator implant, physical therapy, and oral medications. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without contrast.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): electronically sited.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has a diagnosis of post laminectomy syndrome without any recent changes on physical examination. Additionally the CT myelogram of the lumbar spine shows an intact fusion and hardware with no other concerning findings. As such, this request for an MRI the Lumbar Spine is not medically necessary.