

<b>Case Number:</b>	CM14-0129876		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 02/28/11. Based on the 03/20/14 progress report by [REDACTED], the patient presents with low back pain which is escalating and going down to left leg. Physical examination to the lumbar spine reveals decreased range of motion; especially on lateral bending is 30 on the left and 40 degrees on the right. Flexion is 30 degrees. Straight leg raising is positive on the left and causes pain at 50 degrees. Reflexes are normal, but she complains of lateral calf paresthesias. There is spasm and loss of lumbar lordosis. Last MRI was taken in 02/28/11 and showed facet arthropathy. Treating physician needs to rule a herniated disc for worsening of her condition. Patient was given Toradol injection on 03/20/14. Her medications include Baclofen, Gabapentin and Hydrocodone. Diagnosis as of are facet arthropathy and need to rule a herniated disc. [REDACTED] is requesting MRI of the Lumbar Spine. The utilization review determination being challenged is dated 07/15/14. The rationale is "no significant abnormal neurological examination documented." [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/14 - 06/24/14.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Protocols](http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)) has the following:

**Decision rationale:** The patient presents with low back pain which is escalating and going down to left leg. The request is for MRI of the Lumbar Spine. ACOEM guidelines, Chapter 12, page 303 states: "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 and who would consider surgery an option." For chronic pain, ODG guidelines Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery. Per treater report dated 03/20/14, patient has low back pain that radiates down her leg. Physical exam shows positive straight leg raise test on the left. The patient had an MRI from 2/28/11 that showed facet arthropathy. Treater states "need to rule a herniated disc for worsening of her condition." Subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. The patient is not post-operative either. There does not appear to a valid reason for an updated MRI. Recommendation is for denial.