

<b>Case Number:</b>	CM14-0134221		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Family Medicine 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:

This injured worker's date of injury is 01/20/2012. The initial injury was a result of a slip and fall. Medical records regarding the care at the time of the original injury were not provided. The patient complains of multiple pains including: neck, right shoulder and arm, left hand and wrist. The patient received a stellate ganglion block. This patient receives treatment for chronic low back pain with some radiation to both lower extremities. The patient had MRI imaging of the lumbar region on 07/08/2014 which showed no significant findings, only a disc bulge. Treatment modalities directed to the lower back include: physical therapy, acupuncture, TENS, and medications for pain. Medications include: Norco, Naproxen, Flexeril, Ambien, Lexapro, and Lyrica. On examination there was bilateral weakness of all muscles in both legs. Reflexes were 2+ throughout the lower extremities. Sensation of the right leg was decreased in a "hip boot" distribution. The clinical diagnosis is lumbar strain with severe functional overlay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI W/ and Without Contrast:** 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 (Updated 07/03/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): table 12-7.

**Decision rationale:** MRI may be medically indicated when the history and physical demonstrate "red flags" that support a diagnosis requiring an intervention. These included: Cauda Equina Syndrome, Spinal Stenosis, and Post-Laminectomy Syndrome. The patient's physical exam does not raise any "red flags" nor is a surgical intervention planned. Based on the documentation, another lumbar MRI is not medically indicated.