

<b>Case Number:</b>	CM14-0144543		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Occupational 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:

There was a primary treating physicians progress report. The patient is to remain off work for six weeks. It was stated that the injured worker had severe abdominal cramping and spasm in the right groin. She had a Toradol injection. She was referred to a hip specialist. There have been past ganglion blocks and Synvisc. She has also tried topical compound medicine. There was a secondary treating physicians progress report. It was documented that the injured worker has right hip and right thigh pain. Medicines included Fioricet, Percocet, Motrin, Colace, and Prilosec. The drug screen shows that she is compliant. The date of this exam was December 31, 2013. There was an application for independent medical review signed on August 26, 2014. The request was regarding an outpatient MRI of the lumbar spine. There was a review from August 15, 2014. She was described as a 51-year-old worker injured back in the year 2006. She was transferring an outpatient from the lift recliner to a wheelchair when the patient fell forward and the claimant lifted the patient to prevent her from falling. Medical note from March 25, 2014 notes that injured worker had right hip and thigh pain. The pain was severe, sharp and burning. There had been physical therapy. There was right lower extremity numbness and tingling. The right hip pain is constant with daily pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of the lumbar spine without contrast:** 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.

**Decision rationale:** According to the MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note '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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.' The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical records provided for review did not include electrodiagnostic studies. Therefore, the request for outpatient MRI of the lumbar spine without contrast is not medically necessary and appropriate.