

<b>Case Number:</b>	CM14-0145940		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 33 year old female with a reported injury on 11/14/2013. The mechanism of injury was noted as gradual, while at work doing repetitive activities. The injured worker's diagnoses included low back pain and lumbar radiculopathy. The injured worker's past treatments included medications, 12 PT visits, and some acupuncture. The injured worker's diagnostic testing included an x-ray of the lumbar spine performed on 05/27/2014, which was noted to reveal normal lumbar lordosis and no acute or chronic abnormalities. There were no relevant surgeries noted in the clinical documentation. On 08/18/2014, the injured worker complained of low back and left leg pain. She reported that she had completed 12 physical therapy visits and some acupuncture, which improved the pain 15%. Upon physical examination, the injured worker was noted to have no deformities or malalignment to the lumbar spine, as well as no muscle spasm observed. The lumbar range of motion was noted to be restricted, with pain, and there was tenderness of the left lumbar paraspinals. Her motor muscle strength test was noted to be normal to the bilateral lower extremities proximally and distally. The injured worker's medications included anti inflammatories. The request was for an MRI of the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/20/2014.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI Lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify a specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The injured worker complained of low back and left leg pain. She was noted to have completed 12 physical therapy visits and some acupuncture. She reported that her condition improved by 15%. There was no sufficient documentation of further conservative care like medication use and efficacy of the medication. The amount of acupuncture therapy visits were not documented and the physical examination did not provide evidence of significant objective neurological deficits. In the absence of documentation with evidence of failed conservative care to include physical therapy, home exercise, and medications, and significant objective neurological deficits the request is not supported at this time. Therefore, the request is not medically necessary.