

<b>Case Number:</b>	CM14-0146543		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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:

The patient is a 60-year-old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of April 5, 2012. Medical records from 2014 were reviewed. The patient complained of low back pain and numbness radiating to the left leg. Pain was rated 6/10 with medications and 9/10 without medications. The patient denied any new injury. Physical examination showed an antalgic, slowed, and stooped gait; loss of normal lordosis with straightening of the lumbar spine; limitation of motion of lumbar spine due to extreme pain; tenderness, hypertonicity, and spasm of the left paravertebral muscles; tenderness over the L4 and L5 spinous processes and sacroiliac spine; inability to walk on heel and toes; positive lumbar facet loading on the left; positive left Forten's, Gaenslens, Sheer and FABER test; and dysesthesias over the left lumbar region. The diagnoses were lumbar radiculopathy, low back pain and lumbar facet syndrome. Treatment to date has included oral and topical analgesics, lumbar ESI, home exercise program and physical therapy. Utilization review from August 14, 2014 denied the request for MRI of the lumbar spine because it has been indicated in the records that there is no evidence of radiculopathy. It was also not noted if the patient is willing to undergo lumbar spine surgery. Previous conservative treatments were noted but it was no clear if these were given prior or after the onset of symptoms of radiculopathy.

### 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. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise; failure to respond to treatment; and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain with objective radiculopathy. She has undergone physical therapy, however duration and response to treatment were not discussed. The guideline supports MRI of the lumbar spine for severe low back pain after at least 1 month of conservative treatment. There was no documentation of red flags, progression of symptoms or failed conservative treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.