

<b>Case Number:</b>	CM14-0146942		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/08/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Emergency 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 injured worker is a 71 year-old female, who sustained an injury on August 8, 1997. The mechanism of injury occurred while twisting on a step ladder. Pertinent diagnostics are not noted. Treatments have included: medications, chiropractic. The current diagnosis is lumbar facet arthropathy. The stated purpose of the request for 1 MRI of the Lumbar Spine was to determine lumbar radiculopathy. The request for 1 MRI of the Lumbar Spine was denied on September 8, 2014, citing documentation of facet generated pain and the treating physician has advised medial branch blocks and there is no documentation of lumbar radiculopathy. Per the report dated September 9, 2014, the treating physician noted complaints of low back pain and great toe numbness. Exam findings included a positive facet challenge, decreased left L5 dermatomal sensation, negative straight leg raising tests bilaterally. Per the report dated August 11, 2014, the treating physician noted complaints of low back pain with numbness and tingling down the left leg. Exam shows bilateral lumbar paraspinal tenderness, positive facet challenge bilaterally, decreased left L5 dermatomal sensation, negative straight leg raising tests bilaterally, full and equal muscle strength and reflexes to the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested 1 MRI of the Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain with numbness and tingling down the left leg. The treating physician has documented bilateral lumbar paraspinal tenderness, positive facet challenge bilaterally, decreased left L5 dermatomal sensation, negative straight leg raising tests bilaterally, full and equal muscle strength and reflexes to the lower extremities. Other than a note of decreased left leg sensation, the treating physician has not documented any other exam findings indicative of radiculopathy such as a positive straight leg raising test nor deficits in reflexes or muscle strength. Also the treating physician has diagnosed lumbar facet arthropathy and plans of performing medial branch blocks to address the predominantly axial pain. There is no documentation of how a lumbar spine MRI would alter the proposed treatment plan. The criteria noted above not having been met, 1 MRI of the Lumbar Spine is not medically necessary.