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| <b>Case Number:</b>   | CM14-0152252 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 02/04/2011 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 09/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 35-year-old female who reported injury on 02/04/2011 reportedly while at work she was lifting heavy totes and began to experience back pain. The injured worker's treatment history included X-rays and medications. The provider noted at the time of her injury the injured worker was pregnant and no MRIs were every taken. The injured worker was evaluated on 07/09/2014, it was documented the injured worker complained of lower back pain, worsening with twisting or lifting. Physical examination of the lumbar spine revealed increased myofascial tone to the paraspinous musculature bilaterally extending from approximately "health" L2-5. Forward flexion was 45 degrees, extension was 15 degrees, lateral flexion was 20 degrees, and bilateral rotation was 90 degrees. She was able to heel to toe walk and stand on 1 foot without any difficulty. Deep tendon reflexes are +2 bilaterally. There was a negative straight leg raise bilaterally. On 09/16/2014, the injured worker was evaluated and it was documented the injured worker complained of pain in the back. Physical examination of the lumbar spine revealed positive straight and cross leg testing of lumbar spine. She had difficulty on full flexion, extension, lateral bending and lateral rotation. The injured worker had undergone an X-ray on 07/11/2014 of the lumbar spine that showed moderate degenerative changes but no fracture. Diagnoses included lumbar spine radiculopathy. The Request for Authorization was not submitted for this review.

### 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 Page(s): 303-305. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Treatment Index, 11th Edition (Web) 2014, Low Back MRIs

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

**Decision rationale:** The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had a MRI of the lumbar. The provider failed to indicate significant changes or nerve compromise on examination. There is also no indication of red flag diagnoses or the intent to undergo surgery. On 07/11/2014, the injured worker had undergone an x-ray of the lumbar spine, showing moderate degenerative changes but no fracture. As such, the request for MRI of the lumbar spine is not medically necessary.