

<b>Case Number:</b>	CM14-0180144		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

Patient is a 37-year-old female with date of injury 02/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine dated 01/12/2013 was notable for a left-sided paracentral contained disc herniation with minimal deviation of the exiting S1 nerve root sleeve. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed decreased range of motion with pain. No other physical examination findings were documented. Diagnosis: 1. Chronic pain, fibromyalgia 2. Cervical degenerative disc disease, myofascial pain 3. Bilateral shoulder arthritis.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

**Decision rationale:** The MTUS states that 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. Indiscriminant 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 record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.