

<b>Case Number:</b>	CM14-0183618		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Practice, 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:

This is a 46 yr. old female claimant who sustained a work injury on June 30, 2014 involving the ankle and low back. She had chronic back pain and ankle pain. A progress note an August 27, 2014 indicated the claimant had an antalgic gate. She had complaints of left ankle pain with weight bearing, squatting, crouching, standing and inversion or eversion of the left foot. Your logic and muscle testing was unremarkable. She had reduced range of motion of the left ankle versus the right. No lumbar examination was noted. An MRI of the left ankle was requested. Prescription notes dating from August 27 through September 3, 2014 indicate the claimant had reduced mobility of the L2 to L4 region. There was a positive Kemp's and Yeoman's sign. The treating physician requested an urgent MRI of the lumbar spine.

### 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): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In addition there was no simple plain radiography performed prior to requesting an X-ray. The request for an MRI of the lumbar spine is not medically necessary.