

<b>Case Number:</b>	CM14-0093936		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 45-year-old female with date of injury of 08/20/2011. The listed diagnoses per [REDACTED] dated 06/05/2014 are: 1. Thoracic or lumbosacral neuritis or radiculitis, NOS. 2. Spinal stenosis of the lumbar region. 3. Sprains and strains of the lumbar region. 4. Lumbago. According to this report, the patient complains of lower back pain. She rates her pain 8/10. She describes her pain as sharp and numb that radiates to the left thigh, right thigh, left leg, right leg, left foot, and right foot. She states that medications are less effective but she is tolerating them well. The physical examination shows restricted range of motion with flexion limited to 15 degrees and extension limited to 5 degrees in the lumbar spine. Paravertebral muscles are tender upon palpation on both sides. Spinous processes are tender at L2, L3, L4, and L5. Straight leg raise test is positive bilaterally at 30 degrees. Motor testing is limited by pain. Power of the knee flexor is 4/5 on the right, and 4/5 on the left, knee extensor is 4/5 on the right and 4/5 in the left. Sensory examination is normal to light touch. The utilization review denied the request on 06/19/2014.

### 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 ODG, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on MRIs (magnetic resonance imaging).

**Decision rationale:** This patient presents with low back pain. The treater is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for back pain 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 would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before or during an imaging study. In addition, ODG states that MRI is not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The UR denied the request stating that without the date of a cited MRI and evidence of neurologic changes, there is insufficient information to determine if a lumbar MRI is necessary. The progress report dated 06/05/2014 shows a positive straight leg raise bilaterally and motor examination of 4/5. The patient continues to report radiating pain on the bilateral thigh, legs, and foot that is sharp and numb. The patient's condition appears to be worsening when compared to 01/07/2014 examination in terms of weakness. The treater's report from 6/5/14 discusses an MRI that showed HNP at L5-1. There is no date provided for this MRI, and it is not known why the treater has asked for another MRI. It may be that the MRI was requested and obtained without authorization. One cannot tell since the treater does not explain. The date of injury is from 2011, and it would appear that the patient has had at least one set of MRI's. Given the lack of clear explanation as to what has been done, and what is done in what time frame, it is difficult to consider this current request. One set of MRI's from the date of injury would appear to be appropriate. The MRI is not medically necessary.