

<b>Case Number:</b>	CM14-0216077		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female sustained a work related injury on 9/8/2012. The mechanism of injury was reported to be injury from a table being pushed into her low back. The current diagnoses are degenerative disc disease L3-L4, L4-L5 and L5-S1, moderate left L4-L5 foraminal stenosis, and mild left L4-L5 radiculopathy with subacute and chronic denervation. These findings were supported by an MRI on 1/14/13. According to the progress report dated 11/20/2014, the injured workers chief complaints were constant, severe low back pain. The pain radiates into left buttock and down left leg. Additionally, she reports that her left leg "flutters". There is pinching, sharp pain in left calf. The physical examination revealed tenderness over the lumbosacral midline. Range of motion of the lumbar spine is moderately diminished. There is decreased sensation to light touch in the left lateral calf. The injured worker was previously treated with activity modification, medications, physical therapy, and 2 epidural steroid injections. The medication list was not specified in the progress report provided. On this date, the treating physician prescribed MRI of the lumbar spine, which is now under review. The MRI was prescribed so that a surgical recommendation can be provided based upon the most recent imaging studies. In addition to the MRI, the treatment plan included additional physical therapy and lumbar epidural steroid injection. When The MRI was prescribed work status was temporarily totally disabled. On 12/17/2014, Utilization Review had non-certified a prescription for MRI of the lumbar spine. The MRI was non-certified based on no documentation in the record of any significant change. The Official Disability Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of 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, MRI

**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. The claimant had an MRI 1 yr. ago. There was no indication of new clinical or anatomic occurrences requiring another MRI. The request for an MRI of the lumbar spine is not medically necessary.