

<b>Case Number:</b>	CM15-0111845		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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:

The injured worker is a 54-year-old female, who sustained an industrial injury on 11/20/13. She reported straining her lower back after falling to the ground while lifting a box. The injured worker was diagnosed as having lumbago. Treatment to date has included oral medications, steroid intramuscular injections, physical therapy, acupuncture treatment and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed in 1/2014. (EMG) Electromyogram/ (NCS) Nerve Condition Velocity studies performed on 1/5/15 revealed chronic L5 nerve root irritation of left side. Currently, the injured worker complains of constant pain in low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. Radiation to lower extremities is noted, the pain is worsening and it is rated 8/10. She may work with restrictions. Physical exam noted palpable paravertebral muscle tenderness with spasm and restricted range of motion with tingling and numbness in the lateral thigh, anterolateral leg and foot and L5 dermatomal pattern. The treatment plan included refilling of medications, request for aqua therapy and a request for authorization for an (MRI) magnetic resonance imaging of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumber spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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. The claimant had prior MRI and EMG in 2014 consistent with symptoms and subsequent interbody fusion. The request for another MRI of the lumbar spine is not medically necessary.