

<b>Case Number:</b>	CM15-0126202		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/04/1996
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 79 year-old woman sustained an industrial injury on 3/4/1996. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI performed in 2006. Diagnoses include degenerative joint disease of the lumbar spine, thoracic or lumbar radiculitis, and lumbar spinal stenosis. Treatment has included oral medications and physical therapy. Physician notes dated 3/30/2015 show complaints of lumbar spine pain. The medical records note positive straight leg raise. The injured worker is noted to have L4-5 stenosis with worsening symptoms. Recommendations include lumbar MRI scan to determine candidacy for injection or surgical intervention. The last imaging was performed in 2006.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Overturned

**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): 303-304.

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The injured worker is noted to have evidence of lumbar stenosis. The last imaging was performed in 2006 and the injured worker has presented with worsening symptoms associated with positive examination findings. The request for updated imaging is supported to determine candidacy for interventional or surgical treatment. The request for MRI Lumbar Spine is medically necessary and appropriate.