

<b>Case Number:</b>	CM15-0176265		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65 year old female with an industrial injury dated 09-13-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine disc disease. According to the progress note dated 08-14-2015, the injured worker reported that the low back pain has worsened. Objective findings (08-14-2015) revealed back tenderness, spasm and decrease range of motion. The injured worker is retired. Treatment to date was not documented. There was no radiographic imaging reports submitted for review. The treatment plan included Magnetic Resonance Imaging (MRI), physical therapy and neuro consult. The utilization review dated 08-28-2015, non-certified the request for MRI lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This claimant was injured in 2000 with lumbar spine disc disease, there is worsening pain. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies showing evolving neurologic signs. These criteria are also not met in this case; the request was not medically necessary under the MTUS and other evidence-based criteria. Therefore, the requested treatment is not medically necessary.