

<b>Case Number:</b>	CM15-0176296		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/13/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: 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 30 year old female, who sustained an industrial injury on 5-13-2012. The injured worker is undergoing treatment for: lumbar strain and radiculitis. Dates of records reviewed included: 3-2-15 to 8-17-15. On 5-11-15, she reported her pain to be "excruciating". Her pain is not rated. Physical examination noted unable to complete heel and toe ambulation due to pain, stiffness, tightness, and decreased lumbar range of motion. On 6-8-15, she reported low back pain rated 10 out of 10. She is reported as unable to complete heel and toe ambulation due to pain. On 7-20-15, she reported low back pain with radiation to the left leg and foot and associated numbness and tingling. She rated the pain as 9-10 out of 10 and described it as constant, throbbing and intermittently sharp. She reported recently her pain has increased and that with the pain patches it will go down to 8 out of 10. She indicated prolonged activity of greater than 30 minutes such as housework or standing increased her pain. Physical examination revealed a normal gait, stiffness, tightness and decreased lumbar range of motion with a positive straight leg raise test bilaterally. The treatment and diagnostic testing to date has included: medications, physical therapy, urine drug screen (4-13-15), and home exercise program. Medications have included: Lidoderm patches, Flexeril, Nalfon, Cymbalta, Neurontin, and Prilosec. Current work status: modified. The request for authorization is for: magnetic resonance imaging weight bearing lumbar spine. The UR dated 8-12-15: non-certified the request for magnetic resonance imaging weight bearing lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI weight bearing lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Standing MRI.

**Decision rationale:** MTUS Guidelines do not address this specific issue. ODG Guideline address this issue in detail and the Guidelines specifically state that a standing MRI is not preferred over a usual and customary prone MRI. If an MRI was supported by Guidelines the specific technique (weight bearing) is not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guideline recommendations. The MRI weight bearing lumbar spine is not supported by Guidelines and is not medically necessary.