

<b>Case Number:</b>	CM15-0076838		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/11/2015
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female, who sustained an industrial/work injury on 1/11/15. She reported initial complaints of back, shoulder, neck, and knee pain. The injured worker was diagnosed as having left knee derangement, disc disorder of lumbar spine, cervical disc disorder, and lumbago. Treatment to date has included medication, diagnostics, and therapy. X-Rays results were reported on 1/30/15. Currently, the injured worker complains of low back pain, severe cramping, spasms, and soreness in the low back along with neck and knee stiffness. Per the orthopedic examination on 3/9/15, there was tenderness of the lumbar paraspinal muscles and the spinatus processes, spasm, tenderness to the sacroiliac joint, straight leg raise was positive, and decreased range of motion to the lumbar spine. The requested treatments include MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a work injury in January 2015 and continues to be treated for low back and lower extremity pain. When seen, she was having lumbar spine pain with stiffness and cramping and muscle spasms. She had lumbar spine soreness. Physical examination findings included positive straight leg raising and decreased lumbar spine strength. Prior testing has included an x-ray showing L5/S1 spondylosis. Treatments have included physical therapy. Criteria for obtaining a lumbar spine MRI done are applicable in this case include radiculopathy after at least 1 month conservative therapy. In this case, there are no complaints or physical examination findings that support a diagnosis of radiculopathy. Obtaining an MRI of the lumbar spine was not medically necessary.