

<b>Case Number:</b>	CM15-0078563		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/25/1994
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

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 55 year old female who sustained an industrial injury on 05/25/1994. The injured worker was diagnosed with lumbar sprain/strain, ligament and muscle sprain/strain and lumbar radiculopathy. Treatment to date includes diagnostic testing, conservative measures, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience increasing low back pain with radiation to the lower and upper extremities. The injured worker rates her baseline pain at 7-8/10. Examination of the lumbar spine demonstrated tenderness to palpation over the lumbar paraspinal muscles and the quadratus lumborum with range of motion limited by pain. Straight leg raise was positive. Diminished sensation at L4-L5 and diminished left L4 reflex pattern were noted. Current medications were not documented. Treatment plan consists of lower back X-rays to rule out fracture and the current request for a lumbar magnetic resonance imaging (MRI).

### 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 13 Knee Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker sustained a work related injury on 05/25/1994. The medical records provided indicate the diagnosis of lumbar sprain/strain, ligament and muscle sprain/strain and lumbar radiculopathy. Treatment to date includes transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for MRI of the lumbar spine. The medical records indicate the injured worker has positive straight leg raise and diminished sensations (radicular features), an undated Lumbar MRI noted nerve root impingement. The MTUS recommends imaging like MRI for unequivocal objective findings that identify specific nerve compromise on the neurologic examination; but recommends against over reliance on imaging to avoid diagnostic confusion. The Official Disability guidelines recommends against repeat MRI except if there is a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore, since the Injured workers MRI already revealed presence of Radiculopathy, and there is no indication the injured worker now has symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation), the requested test is not medically necessary.