

<b>Case Number:</b>	CM15-0079222		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/24/2015
<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: North Carolina, Georgia  
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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 12/9/2009. She reported low back pain after being pushed into a table. Diagnoses have included lumbar radiculitis; left shoulder strain/bursitis/tendinitis/rotator cuff tear; status post left knee scope May 2012; lumbar spine sprain/strain; cervical spine sprain/strain and left wrist tendonitis. Treatment to date has included surgery, physical therapy and medication. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/19/2010 revealed mild straightening of normal lordotic curvature and disk desiccation. According to the neurologic re-evaluation dated 4/18/2015, the injured worker complained of headaches that occurred five to six days per week. The injured worker complained of infrequent light-headedness that was typically precipitated by change in head position. The injured worker also complained of neck and lower back pain. Exam of the cervical spine revealed tenderness to palpation. Per the progress report dated 4/20/2015, the injured worker complained of low back pain radiating to legs. She also complained of left shoulder pain. Exam of the lumbar spine revealed tenderness and spasm. Straight leg raise was positive bilaterally. Authorization was requested for magnetic resonance imaging (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 without contrast:** Upheld

**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.

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical records describe objective examination data describing focal neurologic involvement for which assessment by MRI is indicated. I am overturning the original UR decision based on this clinical information. Therefore, the requested medical treatment is medically necessary.