

<b>Case Number:</b>	CM14-0101213		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female with a date of injury of September 26, 2011. The listed diagnoses include 1. Sprain/strain of lumbosacral; 2. Thoracic/lumbosacral neuritis and radiculitis; 3. Spasm of muscle; and 4. Other D/O muscle, ligament and fascia. According to progress report dated May 08, 2014, the patient presents with chronic low back pain that travels to both her legs and to the bilateral feet. The patient describes an L5-S1 distribution of pain. Examination revealed normal reflexes, and weakness of the EHL. There was a decrease in range of motion of the lumbar spine. The treating physician states that the MRI of the lumbar spine is medically necessary because neurological signs have worsened since her MRI in 2011 and she has a failed ESI. Utilization review denied the request on June 06, 2014. Treatment reports from January 15, 2014 through May 28, 2014 were reviewed.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** For special diagnostics, the ACOEM Practice Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the treating physician notes some weakness of extensor hallucis longus (EHL) for which an updated MRI is requested. However, there are no new symptoms, no new injury and no red flags to warrant an MRI. The patient has had an MRI already showing minimal changes and there does not appear to be any concerns for nerve root dysfunction that would explain the patient's continued complaints. Therefore, the request is not medically necessary.