

<b>Case Number:</b>	CM13-0009070		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of April 4, 2001. Treatment to date has included oral and topical analgesics, and muscle relaxants. Medical records from 2013 were reviewed and showed low back pain and stiffness, and a sharp pain radiating to the right leg with numbness. The pain was grade 8-9/10 which worsens with bending. Physical examination showed stiffness in motion of the lumbar region; tenderness over the L3-4, L4-5, and L5-S1 facet capsules; pain with rotational extension indicative of facet capsular tears; secondary myofascial pain with ropey fibrotic banding; and a positive bilateral straight leg raise at 45 degrees. The patient was diagnosed with multiple level lumbar degenerative disc disease. An MRI obtained on February 29, 2012 revealed an extensive edema at L1-L2 level with spondylosis and possible segmental motion; S-shaped curvature of the lumbar spine with multilevel spondylosis; moderate to severe L3-4, moderate L4-L5, as well as mild to moderate L2-3 and mild S1-2 spinal stenosis; and possible impingement upon exiting nerves within the narrowed left L1-2 and L5-S and right L2-3 neural foramina. X-ray of the lumbar spine on October 22, 2012 showed multilevel degenerative disc disease and facet arthropathy, and degenerative spondylolisthesis at L2-L3 appears stable upon flexion and extension. An updated MRI for the lumbar spine was requested due to worsening neurogenic claudication and increasing weakness of the right leg. Utilization review dated July 16, 2013 denied the request for MRI of the lumbar spine because there was no documentation of 4 weeks of conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** According to the California MTUS/ACOEM Low Back Chapter, imaging of the lumbar spine is supported for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient has a long history of low back pain with radiculopathy. The latest MRI was obtained on February 29, 2012 showed lumbar spondylosis and possible nerve impingement; while X-ray of the lumbar spine on October 22, 2012 showed multilevel degenerative disc disease and facet arthropathy, and degenerative spondylolisthesis at L2-L3. Worsening symptoms are described, but the duration is described as an extended period of time. The physical examination did not highlight any progressive neurological deficits that may need further investigation. The latest progress notes did not clearly indicate the functional status of the patient, and there was no discussion that future MRI studies would alter the course of treatment and provide additional benefits to the patient. Furthermore, there was no evidence of trial and failure of conservative treatment such as oral medications or physical therapy. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate.