

<b>Case Number:</b>	CM13-0011568		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 53-year-old with a reported date of injury of May 24, 2012. The patient has the diagnoses of lumbar strain, lumbar radiculopathy, severe disc degeneration at L5-S1 and lumbar spondylosis without myelopathy. Treatment modalities have included medications, physical therapy and nerve root blocks. The most recent provided progress reports from the primary treating physician dated June 18, 2013 shows the patient to be complaining of continued low back pain that is rated a 9/10. Physical exam noted tenderness to palpation at L5-S1 with more pain on flexion than extension. Treatment plan consisted of a change in medication and waiting on repeat imaging studies. Previous MRI from July of 2012 showed L5-S1 disc slight enlargement of disc bulge and small central disc protrusion since previous exam, small central disc protrusion at L4-5 and L5-S1 facet arthrosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, LUMBAR SPINE WITHOUT CONTRAST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-305.

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, diagnostic imaging should be considered when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red -flag diagnoses are being evaluated. The patient has not had any documented red flag symptoms or diagnoses. The treating physician who requested the repeat MRI states he would first recommend facet blocks and possibly rhizotomies and if the patient did not improve with these treatments, then maybe surgery would be considered. The request for an MRI of the lumbar spine without contrast is not medically necessary or appropriate.