MAXIMUS Federal Services

| Case Number: | CM13-0014116 | | |
|---|---|---|---|
| Date Assigned: | 10/02/2013 | Date of Injury: | 07/28/2011 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

## 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 56-year-old with a reported date of injury of 07/28/2011. The patient has been diagnosed with lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis and multilevel disc bulges from L2-5 with grade 1 retrolisthesis of L4 on L5 with stenosis. The treatment modalities have included rest, therapy, medications and lumbar epidural steroid injections. The progress notes from the treating orthopedic surgeon dated 05/01/2013 states the patient complains of pain in the back which radiates to his lower extremities. The physical exam showed lumbar paraspinal muscle tenderness to palpation with no spasm. Trace positive bilateral straight leg raise with decreased range of motion in the lumbar spine. Slight sensory deficits noted in the L4, L5 and S1 dermatome. The treating physician felt there was clear evidence of radiculopathy in the lower extremities and that the patient would probably require surgery and that the physician could not make this decision based upon a previous MRI that was nine months old. Additional progress notes form the patient's primary treating physician noted no change in his back pain or symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM section on low back complaints addresses special diagnostic studies as follows, 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The patient has had persistent lumbar back pain and has objective findings on the physical exam consistent with specific nerve compromise. The primary treating physician has also discussed the case with a consultant on the selection of an imaging test to define a potential cause and the patient is surgical candidate. For these reasons, the patient meets the guideline recommendations and the service should be medically necessary.