

<b>Case Number:</b>	CM13-0019037		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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.

### 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 claimant sustained a work related injury on 10/10/2006. The mechanism of injury was not provided. He has diagnoses of chronic low back pain, status-post lumbar laminectomy at L3-4, lumbar disc disease, and cervical disc disease with foramina stenosis at C5-C6. He has been treated with medical therapy and physical therapy. He presented to an emergency room on 07/11/2013 with increased low back pain requiring analgesic medication for pain control. An MRI of the lumbar spine with contrast was requested.

### 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 with and without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34.

**Decision rationale:** According to the documentation, the claimant had an MRI of the left side spine 04/02/13 which demonstrated a disk herniation at L2-3 on the right as well as lateral recess stenosis at L3-4, mild arthritis at L4-5, retrolisthesis of L4 on L5 and status post lumbar laminectomy at L3-4. He underwent redo decompression with fusion at L3-L4 and microdiscectomy at L2-L3 on the right on 05/01/2013. He presented to an emergency room on 07/11/2013 complaining of severe back pain with spasm. The exam revealed diffuse tenderness in the low back without any neurologic abnormalities. There was no documentation of any

recent significant change in his exam. He was treated with analgesic therapy and there were no new neurologic findings or subjective complaints of increased radiculopathy, bowel or bladder incontinence. The claimant left the emergency room after becoming upset. There was no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service was not been established. The request for an MRI of the lumbar spine with and without contrast is not medically necessary or appropriate.