

<b>Case Number:</b>	CM13-0021439		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/31/2000
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation 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:

This 62 year-old patient sustained an injury on 1/31/2000 from lifting an electric cart while employed by [REDACTED]. Request(s) under consideration include an MRI of the lumbar spine. Diagnoses include s/p L5-S1 discectomy at C5-7 in 2000 and s/p L4-S1 fusion in 2002. Conservative care has included medications, physical therapy, TENS unit, epidural steroid injections, and modified activities/rest. It was noted spinal cord stimulator has been approved, but the patient was reluctant to try. Report of 8/6/13 from the provider noted the patient with ongoing chronic neck pain with intermittent upper extremity pain and tingling; constant low back pain radiating to legs with numbness and tingling in feet. Exam showed trigger points in head and neck muscles, levator scapulae and trapezius with positive SLR; L3-S1 facet pain; antalgic gait and decreased lumbar range in flex/lateral bending/ ext of 10/10/15 degrees. The request(s) for an MRI of the lumbar spine was non-certified on 8/22/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

**Decision rationale:** The ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar Spine is not medically necessary and appropriate.