

<b>Case Number:</b>	CM13-0024458		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/20/2010
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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 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. 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 31-year-old male who reported an injury on 11/20/2010. The patient underwent an MRI which revealed a disc bulge at L5-S1. The patient was treated conservatively with physical therapy, medications, and epidural steroid injections. The patient's most recent evaluation revealed the patient was participating in a home exercise program. Subjective complaints included lumbar spine pain with right leg pain and numbness. Physical findings included decreased lumbar range of motion, a positive straight leg raise test, and tenderness to palpation along the paraspinal musculature with spasms and tightness. The patient's diagnoses included lumbar spine disc protrusion. The patient's treatment plan included continuation with a home exercise program, continuation with the use of an interferential unit, continuation of medication usage, and psychotherapy support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI including flexion-extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The patient does have ongoing low back complaints of numbness in the right lower extremity. American College of Occupational and Environmental Medicine recommends MRIs for patients with neurological deficits considering surgical intervention. The clinical documentation submitted for review does not provide evidence that the patient is preparing for surgical intervention. Additionally, Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the patient's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation submitted for review does not provide any evidence that the patient's pain has significantly changed in nature, there is no documentation of progressive neurological deficits, and there is no documentation of significant change in pathology. The clinical documentation submitted for review does indicate the patient previously underwent an MRI for this injury. As there has been no change in the patient's neurological deficits, a repeat lumbar MRI including flexion and extension views would not be medically necessary or appropriate.