

<b>Case Number:</b>	CM13-0025708		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Orthopedic Spine and is licensed to practice in New York, New Hampshire, and Washington. 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 56-year-old injured worker who was injured on May 5, 2008. The patient is currently diagnosed with lumbar disc displacement, spasm, and strain. Previous treatment includes medications, activity restriction, rest, chiropractic care. The patient rates lumbar pain 10 out of 10 on VAS scale and reports pain radiating to the right hamstring muscle associated with numbness and tingling. Physical examination showed limited range of motion of the lumbar spine and lumbar spine tenderness and spasm. There was back pain on straight leg raising test. No neurologic deficit in noted. Treatment included 12 sessions of spinal decompression chiropractic care. The patient has a history of taking Ultram and Norco for pain. Notes indicate that the patient has had a prior lumbar spine of the MRI; the date of the prior MRI is not recorded in the chart. At issue is whether a second MRI of the lumbar spine is medically necessary at this time.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to the ACOEM Guidelines, "Lumbar spine x rays should not be recommended in patients with low backpain in the absence of red flags for serious spinal pathology, even if the painhas persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromiseon the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgeryan option. When the neurologic examination is less clear, however, furtherphysiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". Clinical worsening or neurologic progression is not apparent in the medical records to justify repeat lumbar MRI. Physical examination does not demonstrate or document significant neurologic deficit in the lower extremities. Also the records do not describe significant radiculopathy or neurologic deficit in the lower extremities. The request for MRI of the lumbar spine without contrast, is not medically necessary and appropriate.