

<b>Case Number:</b>	CM13-0027683		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 33-year-old male who reported an injury on 12/11/2010. The mechanism of injury was reported that the patient was trying to help pick up a box. The patient was diagnosed with lumbar degenerative disc disease at L5-S1, probable L5-S1 disc protrusion with nerve impingement, and chronic strain/sprain of the lumbar spine with L5-S1 intervertebral disc space narrowing. The patient underwent an epidural steroid injection on 03/08/2013. The clinical documentation indicates that the patient complained of pain across the midline of the lumbar spine extending through the buttocks and into the posterior thighs. The patient rated the pain at a 3/10 at rest and 9/10 with activity. The patient has undergone an MRI and x-rays. The patient also had an EMG which demonstrated an L5 herniated disc. The patient was offered treatment with anti-inflammatories, physical therapy, and stretching. The patient participated in pool therapy. The patient reported the physical therapy and the 2 epidural injections helped to alleviate his pain. The first injection provided about 70% relief for 5 months and the second injection only provided minimal relief for 1 week. The physical examination showed the patient had flexion to 70 degrees with an onset of low back pain. The patient had extension to about 20 degrees which elicits low back pain that radiates down both of his legs. The patient was able to toe rise, heel lift, and squat. The patient also had bilateral straight leg raise at 90 degrees, right worse than left. Physical examination also noted tenderness in his lumbar spine. An x-ray taken on 08/19/2013 showed no listhesis and no spondylolisthesis. There was L5-S1 disc space narrowing. The patient was recommended to have an updated MRI since the last MRI was in 2011.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** CA MTUS states unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging, patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of low back pain with radiating pain that travelled down both of his legs with intermittent numbness and tingling. However, no objective clinical documentation was submitted for review to indicate any functional deficits for the patient, pain level, or efficacy of pain medication. Given the lack of documentation submitted to support guideline criteria, the request is non-certified.