

<b>Case Number:</b>	CM13-0039536		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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 47-year-old man who sustained a work-related injury on August 7, 2000. He subsequently developed a recurrent low back pain. He has an EMG on 2005 which showed bilateral L5-S1 radiculopathy. An MRI of the lumbar spine was performed on 2005 and demonstrated L4-L5 disc protrusion. According to the note dictated on January 3, 2014, the patient continued to have low back pain despite pain medications. Physical examination demonstrated lumbar paraspinal pain with with reduced range of motion. Lumbar spine MRI was performed on November 27, 2013 and demonstrated the L5-S1 broad-based disc protrusion. The patient was treated with the pain medications including Norco, Soma, Ativan, Anaprox, Dendracin and Colace. The patient was diagnosed with lumbar degenerative disc disease, radiculopathy, spondylolisthesis and medication induced gastritis.

### 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 Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Low Back Chapter.

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

**Decision rationale:** According to MTUS guidelines, MRI of the lumbar spine is indicated if the patient has a history of disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The patient has already an MRI of the lumbar spine on January 2014 with results similar to the MRI of 2005. Furthermore, the requesting physician did not provide documentation of recent change in the patient clinical status that justify another MRI in a short time period. Therefore the request for authorization of a lumbar MRI is not medically necessary.