

<b>Case Number:</b>	CM13-0043427		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 & 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:

The patient is a 28-year-old female with a July 20, 2010 date of injury. At the time of request for authorization (October 2, 2013), for an MRI of the lumbar spine without contrast, there is documentation of low back pain, right leg pain, and left leg pain with intermittent weakness of the lower extremities. There was tenderness present in the lower lumbar spine, range of motion (ROM) was 75% of normal (limited by pain). An MRI of the lumbar spine, done on December 7, 2010, revealed disc desiccation at L2-3 and a posterior central disc protrusion with associated annular fissure. At L3-4 there is a disc desiccation and a thin posterior central disc protrusion with associated annular fissure. The annular fissure could potentially irritate the traversing bilateral L4 nerve roots, but no frank nerve root impingement is seen. At L4-5, there is a disc desiccation and a small posterior central/right paracentral disc bulge with associated annular fissure. There is ventral contact and possible irritation of the traversing right L5 nerve root. There is mild-to-moderate right-sided neural foraminal narrowing at L4-5, but no high-grade neural foraminal stenosis is seen at any lumbar level. At L5-S1, there is a tiny left proximal foraminal disc protrusion with trace inferior prolapse and a punctate annular fissure. Current diagnoses include lumbago and radiculopathy of the lumbar. Treatment to date includes medication. There is no documentation of objective findings that identify specific nerve compromise on the neurologic examination.

### 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** According to the MTUS guidelines documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. The Official Disability Guidelines state that documentation of a condition/diagnosis, with supportive subjective and objective findings, for which an MRI is indicated as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of lumbago and radiculopathy lumbar. In addition, there is documentation of supportive subjective findings for which an MRI is indicated (radiculopathy after at least 1-month conservative therapy). However, despite documentation of objective findings, such as the tenderness present in lower lumbar spine, ROM 75% of normal limited by pain, there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for an MRI of the lumbar spine without contrast is not medically necessary.