

<b>Case Number:</b>	CM13-0043451		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 55-year-old male who reported an injury on 03/12/2010. The mechanism of injury involved heavy lifting. The patient is diagnosed with lumbar disc displacement without myelopathy and sciatica. The patient was seen by [REDACTED] on 08/30/2013. The patient reported a flare up of lower back pain secondary to an inability to obtain pain medication. The patient reported left lower back pain with radiation to the left lower extremity causing intermittent numbness and tingling in the left foot. Physical examination on that date revealed an antalgic gait, decreased sensation, diminished strength on the left, and tenderness to palpation. Final Determination Letter for IMR Case Number CM13-0043451 3 Treatment recommendations at that time included a lumbar MRI to rule out any further pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MRI WITHOUT CONTRAST:** 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 rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient has maintained a diagnosis of lumbar disc displacement without myelopathy and sciatica. While the patient does report a significant flare up of lower back pain, the patient attributes the flare up to the inability to obtain pain medication. While it is noted that the patient has not undergone a lumbar MRI since 2010 and is experiencing pain with radiation into the left lower extremity, there is no documentation of a progression of symptoms that would indicate further pathology. There is also no evidence of an attempt at conservative treatment prior to the request for an additional imaging study. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.