

<b>Case Number:</b>	CM13-0044922		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 37-year-old male who sustained a work related injury on March 8, 2012. He subsequently developed with chronic back pain and lumbago. According to the note of October 11, 2013, the patient developed that slow gait, paraspinal lumbar tenderness with the use of the range of motion and reduced sensation in the left L5 dermatoma. He has an MRI performed on September 11, 2012 which demonstrated moderate posterior disc degeneration at L4-L5 and left posterolateral disc herniation resulting in severe left L5 L4 stenosis. The provider is requesting a new MRI lumbosacral spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Section Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, California MTUS guidelines stated "lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has 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 compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient was previously denied back surgery. There is no progressive neurological deficit or change in the patient condition compared to 2012 (date of the previous MRI) that requires a new MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.