

<b>Case Number:</b>	CM13-0070143		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and 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:

This is a 31-year-old male patient with a 09/09/2012 date of injury. He was lifting a saw cutter and felt a pop and sharp pain in the lower back. On his last PR he reported pain of 4/10. He had three injections with no significant result. The pain radiated to the right lower extremity and increased with activities. Physical exam showed mild numbness and weakness on the right at L4. The femoral stretch was positive on right. Positive lumbar tenderness. Lumbar, sacral spine range of motion was decreased about 30 %. 9/19/2012 X-ray showed lumbar spine essentially within normal limits. A 10/15/2012 CT showed possible right L4-5 foraminal disc herniation. A 12/5/12 MRI of LS spine showed HNP right L4/5. He was diagnosed with musculoligamentous sprain/strain, lumbosacral spine. Lateral HNP, right L4/5. On 11/5/2013, he underwent transforaminal epidural steroid injection using fluoroscopy at right L4-5. There is documentation of a previous adverse determination on 12/04/2013, because the patient had previous MRIs, and there was no electrodiagnostic evidence to support a diagnosis of radiculopathy, plexopathy, peripheral neuropathy, or an entrapment neuropathy at the fibular head.

### 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 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).

**Decision rationale:** The ACOEM Guidelines supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient presented with complaints of pain in the lumbar spine, which radiated to the lower extremities. He had a previous x-ray, CT, and MRI images which indicated musculoligamentous sprain/strain, lumbosacral spine. However, while the patient presents with L4 radicular findings, there is no evidence of a change or progression in neurologic findings to warrant a repeat MRI. Therefore, the request is not medically necessary.