

<b>Case Number:</b>	CM14-0007567		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational 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 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 47-year-old male patient with a 2/5/99 date of injury. The exact mechanism of injury has not been described. A 1/21/14 progress report indicated that the patient felt severe left sided lumbar radiculopathy. It became completely numb and weak down to his left leg. The patient stated that cortisone pills improved some of his symptoms, but he still complained of severe pain in the lumbar spine, radiating to the left leg, rated at 6/10, with numbness, weakness and paresthesia. Physical exam revealed left sided paravertebral tenderness, left sciatic notch tenderness, positive straight leg raise on the left leg, and diffuse numbness throughout the leg anteriorly and posteriorly. There was also weakness noted. A CT of the lumbar spine with contrast dated on 12/19/13 demonstrated thoracic lumbosacral radiculitis, lumbar post-laminectomy syndrome, and lumbar intervertebral disc disorder with myelopathy. There was a different patient's radiology consultation report dated 10/4/13. He was diagnosed with chronic intractable pain, status post intrathecal pump implantation, and failed back syndrome with acute exacerbation of left leg. Treatment to date has been medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.

**Decision rationale:** The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative, with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, with failure to respond to treatment, and when the patient is considered for surgery. The patient felt severe pain in the lower back radiating to the left leg with numbness and weakness. However, this patient previously had a CT of the lumbar spine in December of 2013. There is no clear rationale of any significant changes in the patient's condition that would warrant repeat imaging at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.