

<b>Case Number:</b>	CM14-0007701		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/20/2013
<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 Internal 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:

The patient is a 48-year-old male who has submitted a claim for Chronic Low Back and Left Lower Extremity Pain, Improved, associated with an industrial injury date of October 8, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of left low back and left buttock pain, rated 3-4/10. On physical examination, the patient was overweight. There was a mid lumbar scar noted. No tenderness was appreciated with minimal objective muscle spasm. Lumbar flexion was reported to be 75-80% of normal. Straight leg raise test was negative bilaterally. The patient ambulated favoring his left leg in a slight limp. No sensorimotor deficits were noted in the lower extremities. Reflexes were symmetrical. Treatment to date has included medications, left L4-5 and L5-S1 microdiscectomy and microdecompression, physical therapy, and two left L5-S1 transforaminal epidural steroid injections. Utilization review from December 20, 2013 denied the request for MRI of lumbar with contrast because there was no documented evidence of severe and/or progressive neurologic deterioration.

### 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 WITH CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** According to page(s) 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, a post-operative MRI scan of the lumbar spine with contrast was requested in order to evaluate the status of the patient's lumbar spinal canal with regard to work activities. However, aside from limited lumbar spine range of motion, the physical examination did not reveal findings of specific nerve compromise. Furthermore, there was no discussion of failure of previous treatment. Moreover, a mere updating of MRI scans post-operatively is not an indication for lumbar spine imaging. Therefore, the request for MRI of the Lumbar Spine with Contrast is not medically necessary.