

<b>Case Number:</b>	CM14-0009278		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Pulmonary Disease 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 injured worker is a 34-year-old male who reported an injury on 05/11/2009. The mechanism of injury was not provided. The clinical note dated 08/15/2013 noted the injured worker presented with significant pain in the back, thighs, and legs. Upon examination of the lumbar spine the range of motion values were 35 degrees of flexion, 10 degrees of extension, 20 degrees of right rotation, and 20 degrees of left rotation. There was a positive straight leg raise bilaterally, decreased sensation over the fifth nerve root bilaterally, and reflexes were 2+ bilaterally over the knees and ankles. The diagnoses were status post laminectomy L4-5, status post epidural electrode placement, and severe degenerative disc disease at L4-5 and L5-S1 with spondylolisthesis at L5-S1 and marked foraminal stenosis due to bony overgrowth at the L4-5 foramen. Prior therapy included medication management. The provider requested an MRI of the lumbar spine with intravenous contrast, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### 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 INTRAVENOUS CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for the MRI of the lumbar spine with intravenous contrast is non-certified. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific root compromise on the neurologic exam are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. The documentation submitted for review included physical exam findings of positive bilateral straight leg raise and sensory deficits over the fifth nerve root bilaterally. The provider stated that the injured worker was not receiving physical therapy or chiropractic treatments, and taking Norco as needed for pain control. There is lack of documentation that the injured worker is unresponsive to conservative care treatments, which would include physical therapy and medication management. As such, the request is non-certified.