

<b>Case Number:</b>	CM14-0100201		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/12/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Preventive 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:

According to the records made available for review, this is a 32-year-old male with a 3/12/02 date of injury and status post discectomy and artificial disc replacement at L4-5 and interbody fusion at L5-S1 on 12/7/10. At the time (5/29/14) of request for authorization for MRI lumbar spine w/o dye, there is documentation of subjective (increasing low back pain and ongoing left leg pain) and objective (not specified) findings, imaging findings (X-rays of the lumbar spine (5/29/14) report revealed an artificial disc at L4, solid fusion at L5-S1, and some breakdown at the L3-4 level), current diagnoses (lumbar spinal stenosis), and treatment to date (lumbar surgery and physical therapy). There is no documentation of objective findings that identify specific nerve compromise on the neurologic examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o dye:** 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): 303-304; TABLE 12-8.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbar spinal stenosis. However, despite documentation of subjective findings (increasing low back pain and ongoing left leg pain), imaging findings (X-rays of the lumbar spine identifying an artificial disc at L4, solid fusion at L5-S1, and some breakdown at the L3-4 level), and conservative treatment (physical therapy), and given no documentation of objective findings, there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine without dye is not medically necessary.