

<b>Case Number:</b>	CM14-0101675		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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:

The patient is a 52-year-old male who has submitted a claim for degeneration of lumbar intervertebral disc and radiculitis associated with an industrial injury date of 04/28/2010. Medical records from 01/14/2014 to 06/26/2014 were reviewed and showed that patient complained of low back pain radiating down the left lower extremity. Physical examination revealed hypesthesia in left S1 dermatome distribution, hyporeflexia of bilateral ankles, normal MMT of lower extremities, and positive SLR test on the left. EMG of bilateral lower extremities dated 04/11/2014 revealed left L5 radiculopathy. MRI of the lumbar spine dated 02/01/2012 revealed minimal degenerative disc disease at the lower lumbar spine. Treatment to date has included physical therapy, HEP, Hydrocodone, Senna, and Lidoderm. There was reported 45 percent pain relief from medications use (05/02/2014). Utilization review dated 06/26/2014 denied the request for lumbar MRI because clinical findings do not support the medical necessity for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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) Low Back Section, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain that radiates down the left lower extremity. Physical findings included hypesthesia in left S1 dermatome distribution, hyporeflexia of bilateral ankles, normal MMT of lower extremities, and positive SLR test on the left. The patient's clinical manifestations were not consistent with a focal neurologic deficit. Furthermore, the patient reported 45 percent pain relief from pain medications (05/02/2014). Hence, there were no specific nerve compromise findings and treatment failure to support lumbar MRI. Of note, a previous lumbar MRI was already done (02/01/2012) with results of minimal degenerative disc disease at the lower lumbar spine. It is unclear as to why a repeat lumbar MRI is needed. Therefore, the request for MRI of the lumbar is not medically necessary.