

<b>Case Number:</b>	CM14-0011291		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/11/2007
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 60-year-old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of November 11, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 7/10 radiating to the right lower extremity in L5-S1 distribution. Physical examination of the lumbar spine showed tenderness over the paraspinal processes and paraspinal muscles with tight muscle band; limitation of motion; and a positive slump test with reproduction of radicular complaints. MRI of the lumbar spine done on May 1, 2012 revealed lumbar disc degeneration and moderate levoscoliosis of the lumbar spine, grade I; degenerative anterolisthesis of L4 relative to L5 with moderate narrowing of the central canal and bilateral L5 lateral recess; mild to moderate left foraminal narrowing at L5-S1 secondary to a degenerative change; and an annular disc bulge at L2-L3 with a small lateral protrusion resulting in mild to moderate bilateral foraminal encroachment and mild narrowing of the central canal. Electrodiagnostic studies of the lower extremities dated September 3, 2013 showed evidence of a right S1 radiculopathy, chronically with denervation and reinnervation in the right lower extremity. The diagnoses were lumbar sprain (radiculopathy) and displacement of lumbar intervertebral disc without myelopathy. An MRI of the lumbar spine was requested by his neurosurgeon for pre-operative evaluation. Treatment to date has included oral and topical analgesics, physical examination, home exercise program and lumbar ESI. Utilization review from January 22, 2014 denied the request for repeat magnetic resonance imaging lumbar spine without dye because there was no evidence of a significant change in symptoms since the previous MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Magnetic Resonance Imaging Lumbar Spine With Out Dye: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (current online version), Low Back (lumbar and thoracic), (acute and chronic), MRI (Magnetic Resonance Imaging).

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

**Decision rationale:** According to pages 303-304 of the ACOEM Guidelines referenced by CA MTUS, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, the patient complains of low back pain radiating to the bilateral lower extremities in the L5-S1 distribution. This was consistent with the previous lumbar MRI findings on May 1, 2012 and electrodiagnostic studies on September 3, 2012. The most recent progress reports did not show progression of symptoms or emergence of red flag conditions. There were also no new findings noted on different lumbar spine levels that warrant repeat MRI of the lumbar spine. The medical necessity has not been established. Therefore, the request for REPEAT MAGNETIC RESONANCE IMAGING LUMBAR SPINE WITH OUT DYE is not medically necessary.