

<b>Case Number:</b>	CM14-0013596		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 53 year old male who was injured on 09/13/2013. The mechanism of injury is unknown. Prior treatment history has included Flexeril and ibuprofen. The patient's medications as of 12/02/2013 include amlodipine, famotidine, and hydrochlorothiazide. Workers' Compensation re-evaluation dated 12/02/2013 states the patient is having lumbar spine rated at 10/10. He is having numbness to both legs. He reports prolonged walking and standing aggravate the pain to the lower back and legs. The pain is in his buttock to the anterior/lateral thigh and down to the knee. The right leg is more painful than the left leg. He denies any numbness to his feet. He reports that the leg pain is worse than the back pain and he reports his condition has worsened since his last visit. On exam, his gait is normal. Range of motion reveals flexion to 80 degrees and extension to 20 degrees. There is paraspinal tenderness bilaterally of the lumbar spine. There is tenderness of the spinous process of the lumbar spine at L4 and L5. Sensation is normal bilaterally and motor strength is normal bilaterally. The patient is diagnosed with lumbago, lumbar radiculitis/thoracic radiculitis, and spondylolisthesis. The treatment and plan is to re-appeal for authorization for MRI of the lumbar spine to evaluate for stenosis to prepare for epidural injections. The patient is dispensed gabapentin 600 mg, Voltaren ER 100mg and Flexmid #60. Re-evaluation note dated 03/10/2014 reports the patient complains of lumbar spine pain rated as 8/10 with radicular pain through this bilateral lower extremities to his bilateral knees, right greater than left. A request for authorization for a MRI of the lumbar spine is documented. This will help to rule out discopathy. Prior UR dated 01/29/2014 states MRI of the lumbar spine is not certified due to lack of objective findings to support any neurological deficits or motor/sensory abnormalities.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "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." The ODG Guidelines recommends MRI of the Lumbar Spine for uncomplicated low back after symptoms progress or fail to improve after at least 1 month of conservative therapy. The medical records document the patient has had ongoing back pain with radiculopathy and positive bilateral straight leg raises for several months. The patient has been undergoing conservative treatments including physical therapy, oral analgesics, oral anti-inflammatories, orthopedic evaluation, and home exercise program for more than four months. The patient symptoms have not improved with the above treatment. Based on the referenced guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.