

<b>Case Number:</b>	CM14-0015551		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 64 year old male with an injury reported on 04/20/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/21/2014 reported that the injured worker complained of low back and knee pain. Upon physical examination the injured worker's range of motion of his lumbar spine demonstrated extension to 25% of normal, lateral bend right and left to 25% of normal and rotation right and left to 50% of normal. The straight leg raise in sitting position for right and left leg were reported as normal. The straight leg raise in supine position to the right and left were reported positive at 70 degrees. It was also noted the injured worker's left ankle inversion motor strength was 4/5. The injured worker's diagnoses included lumbar radiculopathy, lumbago and lumbar spondylosis. The provider requested MRI of the lumbar spine without contrast, the rationale was not provided. The request for authorization was submitted on 01/23/2014. The injured worker's prior treatments included chiropractic sessions and previous imaging which revealed multilevel degenerative disc and joint disease, disc bulging.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, 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, MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker complained of low back and knee pain. It was noted the injured worker's straight leg raise in supine position to the right and left were reported positive at 70 degrees. It was also noted the injured worker's left ankle inversion motor strength was 4/5. It was also reported the injured worker had a previous MRI of the low back. The injured worker's diagnoses included left lumbar radiculopathy, lumbago and lumbar spondylosis. According to the 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 Official Disability Guidelines state repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It was noted the provider had recommended a home based therapeutic exercise program and a course of physical therapy for the injured worker. There is a lack of clinical information provided indicating the injured worker has participated in and was unresponsive to physical therapy or a therapeutic exercise program. There is also a lack of clinical documentation indicating a possible surgical outcome. There is a lack of clinical evidence indicating the injured worker has had a significant change in symptoms requiring a repeat MRI. The injured worker had a positive bilateral straight leg raise and 4/5 strength to the lower extremities; however, there was a lack of documentation indicating significant objective findings or physiological evidence indicating specific nerve compromise per physiological examination to warrant imaging. Therefore, the request is not medically necessary and appropriate.