

<b>Case Number:</b>	CM14-0018175		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and Rehabilitation 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 25 year old male who was injured on 01/31/2013 while rolling and lifting carpets weighing approximately 50 pounds. Diagnostic studies reviewed include EMG/NCV dated 03/20/2013 which documented lumbosacral plexopathy with an L5-S1 radiculopathy. EMG documented normal study of the lumbar spine and lower extremities without evidence of radiculopathy. An MRI of the lumbar spine dated 03/28/2013 documented: 1) L3-4, 2 mm central focal disc protrusion. 2) L5-S1, 6.7 mm central focal disc protrusion that posteriorly displaces the S1 nerve roots producing spinal canal narrowing. On 10/29/2013 a TPII revealed results consistent with lumbar spine and myofascial pain syndrome. Orthopedic consultation dated 12/12/2013 documented the patient has had MRIs, acupuncture treatment as well as physical therapy which he is presently undergoing. Epidural steroid injections were ordered and approved but he has not followed up with the appointment. The patient particularly notices pain in the morning. The pain is in the middle of the back just there. On physical examination the patient walks without a limp. He complains of left and right paraspinal tenderness. There are no spasms or fascial nodes. Range of motion of the lumbar spine reveals patient bends forward to the level of the knees. Lateral tilt is to 20/20 degrees. Extension is to 10 degrees. There patient complains of pain which is simulated rotation of the lumbar spine. Reflexes in knees and ankles 2+/2+. Motor examination are all 5/5. Straight leg raising is to 50/50 degrees with complaints of low back pain. The diagnosis is lumbosacral sprain/strain with disc protrusion at L5-S1. The patient has had a long period of treatment including physical therapy for approximately six months without any improvement. The reported MRI stated that there was a 6.7 mm central disc protrusion with displacement of the S1 nerve roots. Obviously, the disc displacement is not enough to cause any electrodiagnostic abnormalities. However, certainly could cause some ongoing low back pain that may be hard to get rid of.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI ON THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The ACOEM recommends imaging studies when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination and for patients that do not respond to treatment and who would consider surgery as an option. "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." The medical records document the patient had a prior MRI on 03/28/2013 showing a 6.7 mm central focal disc protrusion. He has no reported new injuries or incidents since this time. The examinations provided for review do not show a change in the symptoms over time. There is no indication that surgery has been considered for this patient. He was offered an ESI which he has refused to date. The request for a repeat MRI is not medically necessary.