

<b>Case Number:</b>	CM14-0126270		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 44 year old male who sustained an injury to his low back on 02/05/10 due to cumulative trauma while performing his usual and customary duties as a delivery truck driver. The injured worker stated that he was in the process of unloading his truck, which had a large amount of packages while doing that, he suddenly felt his back gave out and he experienced extreme pain deep in his lower back. Treatment to date has included at least 24 visits of chiropractic manipulation treatment. Electrodiagnostic studies of the bilateral lower extremities dated 03/26/10 revealed mild chronic neuropathic changes in the left L5 myotome consistent with left L5 radiculopathy. MRI of the lumbar spine dated 03/29/10 revealed T10 to T11 and T11 to T12 reduced disc space height and minor Schmorl's nodes with endplate changes; L3 to L4 revealed 1 to 2 millimeters disc annulus bulge with endplate ridging slightly indenting the thecal sac; L5 to S1, 3 millimeters central and slightly right sided disc protrusion or herniation with associated endplate osteoarthritic ridging touching, but not displacing the proximal right S1 nerve root sleeve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI with Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The basis for denial of the previous request was not provided for review. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. There was no recent physical examination of the lumbar spine that would indicate any decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request for lumbar MRI with contrast is not medically necessary.