

<b>Case Number:</b>	CM14-0134422		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/13/1995
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, 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 patient is a 57 year old male with an injury date of 11/13/95. Based on the 07/08/14 progress report provided by [REDACTED], the patient complains of lumbar, bilateral groin and anteromedial leg pain with numbness. Physical exam reveals patient can flex lumbar spine to 50 degrees. Straight leg raising is negative bilaterally at 90 degrees. Reflexes are 2+ at patella and absent at the ankles. Per progress report dated 04/01/14 by [REDACTED], there is mild tenderness on the lumbar paraspinal muscles. Per progress report dated 07/08/14, under Treatment Plan, [REDACTED] wants to obtain an MRI of lumbar spine, "to assess patient's spine to see what his diagnosis is and to formulate a treatment plan." "Diagnosis 04/01/14 by [REDACTED] cervical discectomy and fusion at C6-C7 on 07/31/13- history of C5-C6 disc herniation- probable discogenic back pain with positive discogram at the L5-S1 level- history of low back and radicular complaints- obesity- new onset of diabetes mellitus [REDACTED] is requesting MRI Lumbar Spine. The utilization review determination being challenged is dated 08/01/14. The rationale is "lack of clinical evidence of failure of conservative therapy trials." [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/14 - 07/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient presents with lumbar, bilateral groin, and anteromedial leg pain with numbness. The request is for MRI Lumbar Spine. Patient has history of low back and radicular complaints. Per progress report dated 07/08/14, provider wants to obtain an MRI of the lumbar spine, "to assess patient's spine to see what his diagnosis is and to formulate a treatment plan." ODG-TWC guidelines has the following: " Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." In progress report 04/01/14, provider states a positive discogram at L5-S1 under diagnosis, however there is no specified date, nor discussion of how the test was conducted. Per progress report dated 04/01/14, diagnosis includes history of low back pain and radicular complaints. Given that the patient has had discogram, it is likely that the patient had an MRI in the past but the provider does not discuss this. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Recommendation is for denial.