

<b>Case Number:</b>	CM14-0024429		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 60-year-old male who sustained an injury to his low back on 08/30/12 after lifting a heavy object. Treatment to date has included medications, physical therapy, epidural steroid injections, surgery and work restrictions. MRI of lumbar spine dated 01/08/13 revealed multilevel disc bulging and facet joint hypertrophy with mild right foraminal narrowing at L1-2; mild retrolisthesis of L2 over L3; moderate right and mild canal narrowing at L2-3; mild spinal canal stenosis and bilateral neuroforaminal narrowing at L3-4, L4-5 with compromised bilateral L4 nerve roots. Physical examination noted normal gait; muscle strength 4/5 in the bilateral upper extremities; sensation decreased at L4 and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF LUMBAR SPINE WITHOUT CONTRAST 72148:** Upheld

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

**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 previous request was denied on the basis that while it was documented the injured worker had neurological deficits during his 01/20/14 examination, it should also be noted that he was only ten days post-surgery as of the follow-up evaluation and there was no indication that he already tried and failed initial conservative treatment to manage his postoperative pain that would warrant MRI investigation at this point. After reviewing the submitted clinical information, there was no additional significant information provided that would support reverse the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for magnetic resonance imaging (MRI) of lumbar spine without contrast CPT code 72148 is not medically necessary.