

<b>Case Number:</b>	CM14-0024919		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/10/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 71 year old with a work injury dated 4/10/11. The diagnoses include lumbarradiculopathy, lumbar sprain, and sciatica. There is a 2/6/14 office visit where the patient reports intermittent moderate neck pain with radiation to the bilateral upper extremities. The patient reports intermittent moderate low back pain with radiation to the bilateral lower extremities, with numbness and tingling in the thighs and hands bilaterally. Examination of the lumbar spine reveals tenderness to palpation about the lumbar paravertebral musculature. There is a positive straight leg raise test bilaterally at 70 degrees. There are muscle spasms noted. There is restricted range of motion due to complaints of pain.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS/ACOEM guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The request for MRI of the lumbar spine without contrast is not medically necessary.