

<b>Case Number:</b>	CM14-0026882		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 59-year-old male who sustained a work related injury on 12/14/13 while attempting to move a dishwasher. On the most recent follow-up patient narrative dated 01-08-2014, the patient apparently reported he has had a change in condition, with that condition being "improved but slower than expected." However, the patient's injury is apparently 50% better with pain somewhat improved but still down left leg with tingling. He is currently on work modification, had 6 chiropractic visits. His new symptoms are pain and tingling down left leg. The pain is 4/10, described as sharp, dull and numbness. He has mild to moderately severe pain that occur intermittently. Pain is worsened by flexion and extension, and lessened by rest. Nearly identical finding are noted on progress notes dated 01-14-2014 and 01-22-2014. Physical examination reveals an abnormally slow gait, tenderness of the thoracolumbar spine and paravertebral musculature and a positive Patrick-Fabere test. Only positive finding on neurological examination is the Straight Leg Raise. In dispute is a request for a Lumbar MRI (magnetic resonance imaging) without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI\\_Adult\\_Spine.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf).

**Decision rationale:** From the American College of Radiology (ACR) appropriateness criteria: "MRI (magnetic resonance imaging) allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a computed tomography (CT) scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord." The patient has reported subjective complaint of left leg numbness with reported improvement in his initial pain complaint. His physical exam findings do not support the reported complaint, as he neither has a sensory deficit nor motor functional loss. The information reviewed for this request was done utilizing the medical documentation up to the date of the lumbar MRI Utilization Review dated 01/16/2014. Based upon this information, the requested lumbar MRI is not medically necessary.