

<b>Case Number:</b>	CM14-0027283		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 36-year-old male with a reported date of injury on 02/20/2013. The mechanism of injury was not submitted within the medical records. His diagnoses are noted to include musculoligamentous sprain/strain to the cervical and lumbar spine, minimal wedging in the T7 region, and degenerative arthritic changes and disc space narrowing at L5-S1. His previous treatments were noted to include physical therapy and medications. The progress note dated 09/24/2013 revealed the injured worker complained of cervical and lumbar spine pain. The physical examination revealed the injured worker's mobility was restricted and painful to the cervical spine and lateral lumbar spine. The provider reported left lower extremity weakness was also noted. The progress note dated 08/13/2013 revealed the injured worker complained of numbness in the thoracic and lumbar spine, radiating down to the right leg. The injured worker reported tightness to his back, muscle spasms in the right leg, and falling asleep. The injured worker also complained of a stabbing sensation to the low back. The physical examination revealed tenderness to palpation at the L4-5 and L5-S1 myotome. The injured worker rated his pain 8/10 and complained of difficulty with cooking, cleaning, showering, feeding himself which is unchanged since the last visit. The range of motion was noted on the last previous examination to be flexion was to 41 degrees and during this examination was 38 degrees. The request for authorization form was not submitted within the medical record. The request was for an MRI without contrast to the lumbar spine due to symptomatic pain and weakness despite conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT CONTRAST LUMBAR SPINE:** 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): 303-305.

**Decision rationale:** The request for an MRI without contrast of the lumbar spine is non-certified. The injured worker complains of radiating pain down his right leg and there is tenderness to palpation at the L4-5 and L5-S1 myotome. The California MTUS/ACOEM Guidelines state if there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of the painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause such as an MRI for neural deficits. The guidelines state an MRI can be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.