

<b>Case Number:</b>	CM14-0029917		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Occupational Medicine, 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 42 year old male who was injured on 04/02/2010 when he was pushed back by heavy machinery. Primary treating physician's report dated 02/03/2014 indicates the patient presented to the office regarding his lumbar spine. On exam, he continued to have stiffness and spasm of the lumbar spine with radiculopathy and positive straight leg raise. Impressions are lumbar spine disc herniations at L4-L5 and L5-S1 causing radiculopathy down the left leg with 6 mm with extrusion up to about a centimeter up the canal pushing on S1 nerve root. The plan is to obtain an updated lumbar spine MRI. Prior utilization review dated 02/26/2014 states the request for MRI of the lumbar spine is not certified and no rationale has been provided.

### 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 the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** This is a request for repeat lumbar MRI in anticipation of lumbar surgery for a 42-year-old male with chronic low back pain and lumbar radiculopathy attributed to an injury on 4/2/10. Lumbar MRI on 4/8/11 demonstrated central and left lateral disc protrusion at L5-S1 resulting in posterior displacement of the left S1 nerve root. A helical CT of the lumbar spine on 4/12/11 showed severe disc space narrowing at L3-4, large disc protrusion at L5-S1, and disc bulge at L4-5. According to ODG guidelines, subsequent imaging should be based on new symptoms or changes in current symptoms. However, there is no clear change in symptoms or new symptoms. Medical records do not establish objective interval worsening on physical examination. There is no suspicion of a red flag condition. The planned surgical procedure is not discussed. Medical necessity is not established.