

<b>Case Number:</b>	CM14-0036341		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Diagnostic Radiology, has a subspecialty in Neuroradiology 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 45 year old patient complained of work related injury to his lower back on 9/1/2009, causing low back and right leg pain. The mechanism of injury is not certain in the limited medical records available. MRI of the lumbar spine obtained on 9/23/2009 was reported as small central bulge at L3/L4, mild bulge and possible annular tear at L4/L5 and paracentral right disk protrusion at L5/S1 levels. There was no spinal or foraminal stenosis. On 11/4/2009 the patient underwent a PET-CT (nuclear) examination which, except for mild degenerative changes at L5/S1, was negative for other pathology. A CT-Myelography of the lumbar spine on 12/22/2009 showed mild asymmetric disk bulge at L5/S, right greater than left, with no evidence of spinal or foraminal stenosis. The patient was treated with pain medications, physical therapy and epidural steroid and bilateral facet injections. He reported significant (70%) improvement of his symptoms. On 2/20/2014, he complains of increasing right leg pain, numbness and tingling in both legs right more than left. The physical examination revealed no significant abnormal findings. No abnormal motor or sensory functions, normal straight leg raising and normal spinal range of motion. An MRI of the Lumbar spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG(The Official

Disability Guidelines), Treatment Index, 11th Edition (web), 2013, Low Back-MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 297, 299, 304.,Chronic Pain Treatment Guidelines.

**Decision rationale:** This 45 year old patient had sustained low back injury on 9/1/2009. He has been clinically diagnosed to suffer from spondylosis, a degenerative joint and disk disease. Multiple prior imaging studies failed to demonstrate significant anatomical abnormality to explain his complaints regarding his right leg pain, tingling and numbness. However, he admits that he temporarily had significant (about 70%) improvement following epidural and facet joint steroid injections. Recent physical examination on 2/20/201 also shows no correlation between examination results (normal motor and sensory functions, normal straight leg raising and normal range of motion) and his complaints. Based on the above referenced guidelines, a new MRI examination is not medically necessary since the red flag signs have been excluded and the patient is not a surgical candidate.