

<b>Case Number:</b>	CM14-0038724		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/24/1997
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 claimant injured his low back on 10/24/97. An MRI of the lumbar spine is under review. He reportedly stepped on a stone and fell and hurt his low back, neck, and dislocated his right shoulder. He had physical therapy on and off since the accident. He saw [REDACTED] on 10/14/13. He had a slow and antalgic gait. Range of motion was mildly limited and painful. Patrick's test was positive on the right and pelvic rock test was painful at the right hip. His strength, reflexes, and sensation were intact. X-rays of the low back were ordered. X-rays of the hip dated 11/19/13 revealed mild degenerative changes with possible femoroacetabular impingement. On 01/27/14, he underwent a right hip injection under fluoroscopy. On 02/13/14, x-rays showed multilevel moderate degenerative disc disease with degenerative spondylolisthesis of L4 on L5. There was facet sclerosis from L2-S1 with suggestion of neural foraminal narrowing at L4-5 and L5-S1. On 02/27/14, he reported pain at level 9/10 that was constant, cramping, and sharp and he had pain in the right thigh medially. His hip pain was doing very well. The note also states there was no pain in the right inner thigh and he had tenderness of the low back and an antalgic gait with no assistive devices. He had limited hip range of motion at extremes of motion which was not painful. There was tenderness of the low back and straight leg raise was negative. He appeared to have a right L3 radiculopathy with bandlike pain across the low back shooting into the right inner thigh. An MRI was ordered to rule out nerve compression.

### 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 Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the lumbar spine. The MTUS state 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 the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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. 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 magnetic resonance imaging (MRI) for neural or other soft tissue, computerized tomography (CT) for bony structures. There is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications for the claimant's current symptoms. It is not noted whether or not the claimant has been involved in an ongoing exercise program following initial treatment for his injury. No electrodiagnostic studies demonstrating radiculopathy have been reported. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated, therefore the request for an MRI of the lumbar spine without dye is not medically necessary.