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| <b>Case Number:</b>   | CM14-0044112 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 05/20/2010 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 03/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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 Physician 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 51-year-old male who was reportedly injured on 5/20/2010. The most recent progress note dated March 18, 2014, indicated there were ongoing complaints of chronic low back pain with left leg and foot pain, numbness and tingling. The physical examination demonstrated lumbar spine: Range of motion was limited to extension. Tenderness to pressure left paraspinal at L4-L5 and L5-S-1. Straight leg raise test was positive on the left, localizing to low back and left leg pain. Straight leg test was negative on the right. Muscle strength of bilateral lower extremities was 5/5. Sensation was decreased over the left L5 dermatomal distribution. Diagnostic imaging studies included an MRI of the lumbar spine, dated 10/7/09, which revealed L1-L2 to be a slight apparently degenerative anteriolethesis of L1 on L2 estimated at 1 mm anterior displacement. Mild posterior annular disc bulge contributed to mild central stenosis with flattening of the thecal sac to approximately 8.5 mm midline. Mild to moderate left and mild right facet hypertrophy. L2-L3 was noted to be mild posterior annular bulging/diffuse endplate spurring contributing to mild central canal stenosis with flattening of the thecal sac to approximately 9.5 mm. Mild facet arthropathy and mild bilateral foraminal narrowing. L3-L4 noted to be slight apparently degenerative anteriolethesis on L3-L4 estimated at 1 mm to 2 mm anterior displacement most noticeable in the rightward aspect of the disc. Mild posterior annular disc bulging/diffuse endplate spurring with mild rightward lateralization of the disc bulge and increased signal along the disc periphery consistent with a right lateral annual tear. Mild facet arthropathy. Mild to moderate right foraminal narrowing. Mild central canal stenosis with flattening of the thecal sac to approximately 9.5 mm midline minimal left foraminal narrowing. A L4-L5 mild posterior annular disc bulge/diffuse endplate spurring with a broad based right lateral annual tear. Mild facet arthropathy. Mild right foraminal narrowing. Minimal left foraminal narrowing. Mild central stenosis with flattening of the

thecal sac to approximately 9.5 mm midline. L5-S1 mild posterior annular disc bulge/diffuse endplate spurring centrally and to the right of midline. Moderate left lateral disc bulge/diffuse endplate spurring with mild to moderate facet arthropathy causing moderate to marked left foraminal narrowing. Subtle localized area of increased signal along the disc periphery at the junction of the left lateral recess and inner neural foraminal consistent with a left lateral annular tear. Previous treatment included consultation to pain management and medications such as ibuprofen and Exforge. A request was made for MRI of the lumbar spine without contrast and was not certified in the pre-authorization process on 3/10/2014.

### **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 contrast QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary last updated 02/13/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM supports the use of a MRI as a diagnostic imaging study for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, this injured worker with chronic low back pain and left leg pain does have some findings of decreased sensation to the L5 dermatome. However, the clinician did not document that the injured worker was willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the ACOEM criteria and is not medically necessary.