

<b>Case Number:</b>	CM14-0055255		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Orthopedic Surgery, 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 is a 56-year-old gentleman who was injured on 02/08/12. Records indicate an injury to the low back. Available for review is recent electrodiagnostic studies on 05/23/14 that showed evidence of a chronic bilateral L5-S1 radiculopathy. A recent MRI from 12/04/13 showed evidence of facet changes at multiple levels with a Grade 1 anterolisthesis at L1 and L5 with canal narrowing from L3-4 through L5-S1 and bilateral neuroforaminal narrowing at the L4-5 and L5-S1 level. A follow up report of 04/03/14 described continued complaints of pain about the low back. Examination showed tingling to the left lower extremity with spasm to the lumbar spine and tightness. There was no formal documentation of neurologic findings. Recommendation at that time was for an updated MRI scan to the claimant's lumbar spine for further clinical assessment.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary- MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California ACEOM Guidelines, lumbar MRI would not be indicated. Guidelines would support an MRI with unequivocal objective findings demonstrating specific nerve compromise on neurologic examination. This individual is with a recent MRI scan available for review as well as recent electrodiagnostic studies that clearly establish a working diagnosis of chronic radiculopathy. Claimant's most recent physical examination failed to show any acute sensory motor or reflexive change. Without documentation of unequivocal objective findings on examination, the role of further MRI scan in this individual whose diagnosis has already been established would not be indicated. Therefor the request is not medically necessary.