

<b>Case Number:</b>	CM14-0056003		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Neuromusculoskeletal Medicine 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:

The patient is a 43-year-old male who sustained a work related injury on 05/09/2012 as a result of an unknown mechanism of injury. Per the progress report dated 03/2014 the patient complains of constant lower back pain that radiates down his lower extremity with his pain rated as 6-7/10 with medication use, 8/10 without. On physical examination he demonstrates tenderness upon palpation of the spinous process and paravertebral musculature from L1 to L5 with his lumbar range of motion decreased in all planes. Neurovascular functioning demonstrates decreased muscle strength as documented at 3/5 with intact +2 deep tendon reflexes in the lower extremities. Additionally, the patient reports increased pain upon both heel and toe ambulation. Previous lumbar MRI dated July 27, 2012 identified an 8mm disc extrusion at L4-L5 and 4.5mm disc protrusion at L5-S1 with indentation of the anterior portion of the thecal sac with moderate canal stenosis. An electrodiagnostic study of the lower extremities obtained on July 12, 2012 revealed a right L4-5 nerve root radiculopathy. His treatment regimen has included Lorcet plus 7.5/650mg, Ultram 50mg, Neurontin 300mg, Anaprox 550mg, Flexeril 7.5mg, Dendracin lotion and Protonix 20mg, a L5-S1 level transforaminal epidural steroid injections. In dispute is a request for a MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:[http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI\\_Adult\\_Spine.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf).

**Decision rationale:** Lumbar MRI: From the American College of Radiology (ACR) appropriateness criteria: "MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a CT scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord". As the patient has decreased strength on physical examination as dated on February 20th progress report, an MRI to visualize for changes in the intervertebral or end plate structure or worsened impingement of spinal nerves is warranted.