

<b>Case Number:</b>	CM14-0056560		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 patient is a 33-year-old male who has submitted a claim for chronic cervical spine strain/sprain with radicular symptoms, trapezium sprain/strain, musculoligamentous low back pain with radiculitis and positive MRI, internal derangement of the left knee, chronic headache, chronic gastritis, sleep disorder, and major depression associated with an industrial injury date of January 30, 2009. Medical records from 2014 were reviewed. The patient complained of persistent low back pain. The pain radiates to the bilateral lower extremities with tingling and intermittent numbness. The patient has problems with prolonged walking, especially with stairs and deep knee bending. Physical examination showed limited range of motion of the lumbar spine due to pain. Straight leg raise test and Lasegue test was positive. Sensation was decreased in the right lower extremity and motor strength was 4/5 bilaterally. X-ray of the lumbar spine showed some degenerative changes with anterior and posterior osteophyte formation as well as decreased disc spaces and loss of lordosis in the lumbar area. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, home exercise program, and activity modification. Utilization review dated April 1, 2014 denied the request for MRI of lumbar spine. Reasons for denial were not available for review.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested because the MRI of the patient was longstanding and a new set of evaluation is needed. Results of the previous MRI of the lumbar spine were not available. In the recent clinical evaluation, the patient still complains of low back pain radiating to the lower extremities. However, the documentation did not describe any worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for MRI OF LUMBAR SPINE is not medically necessary.