

<b>Case Number:</b>	CM14-0056691		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<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 39-year-old male who has submitted a claim for intervertebral disc disorder with myelopathy cervical region C5-C6, thoracic spine sprain/strain, intervertebral disc disorder with myelopathy lumbar region L3-L4, L4-L5, L5-S1, left shoulder tendinosis of the supraspinatus and infraspinatus tendon with partial thickness bursal surface tear of supraspinatus with bicep tendinosis with intrasubstance tear of subscapularis tendon, left arm sprain/strain, left hand strain, left knee sprain/strain status post meniscectomy, insomnia, adjustment disorder with mixed anxiety and depressed mood, left ankle non-displaced talar neck fracture with moderate bone marrow edema, left leg numbness, left knee complex tear of the medial meniscus with grade 1 chondromalacia, and status post lumbar epidural associated with an industrial injury date of April 20, 2012. Medical records from 2013-2014 were reviewed. The patient complained of bilateral lower back pain, left more than the right and was rated 9/10 in severity. The pain was described as pulsing and aching. Physical examination showed tenderness on the lumbosacral spine radiating to the left leg. Range of motion was limited by pain. MRI of the lumbar, dated April 15, 2014, revealed Schmorl's node formation; L4-L5 2mm posterior disc bulge resulting in mild to moderate left and moderate right neural foraminal stenosis, bilateral exiting nerve root compromise is seen; and L5-S1 2mm posterior disc bulge resulting in mild to moderate bilateral neural foraminal narrowing, bilateral exiting nerve root compromise is seen. Treatment to date has included medications, physiotherapy, acupuncture, activity modification, left knee arthroscopic meniscectomy, left knee Supartz injection, and lumbar epidural steroid injection. Utilization review, dated April 15, 2014, denied the request for Magnetic Resonance Imaging (MRI) of the lumbar spine, without contrast, as outpatient because there was no indication of radiculopathy and/or myelopathy on the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast, as outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides./org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints 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, 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, the patient complained of persistent low back pain radiating to the left leg. The MRI of the lumbar spine done last April 15, 2014 revealed L4-L5 mild to moderate left and moderate right neural foraminal stenosis, and L5-S1 mild to moderate bilateral neural foraminal narrowing. However, the documentation did not describe any significant worsening of symptoms. Specific evidence of neurologic deficits or compromise was not present as well. There was 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 1 Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast, as outpatient is not medically necessary.