

<b>Case Number:</b>	CM14-0061387		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for herniated nucleus pulposus of the lumbar and thoracic spine, and left shoulder derangement associated with an industrial injury date of February 26, 2014. Medical records from 2014 were reviewed. The patient complained of persistent low back pain, rated 7/10 in severity. The pain radiates down the right leg into his ankle. The pain was aggravated by prolonged sitting, bending backward, prolonged standing, coughing, sneezing, walking, and bending forward. Physical examination showed tenderness over the right lower lumbar facet joint region. Range of motion of the lumbar spine was limited. Straight leg raise test was positive bilaterally. Motor strength and sensation was intact. CT scan of the lumbar spine, dated February 26, 2014, showed no evidence of acute osseous injury of the lumbar spine, and mild to moderate focal degenerative changes at the L5-S1 levels. Lumbar spine x-ray, dated May 22, 2014, showed 3.3mm retrolisthesis at L4-L5. Official report of the imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic therapy, TENS unit, home exercise program, and activity modification. Utilization review, dated April 14, 2014, denied the request for MRI lumbar because the documentation provided was insufficient to be considered a detailed medical evaluation and there were no findings that would require MRI scans prior to some treatment after a detailed medical evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, 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, progress report dated May 22, 2014 state that MRI of the lumbar spine may be considered in the light of the patient's persistent low back pain. In the recent clinical evaluation, the patient still complains of low back pain with radiation to the right lower extremity. Lumbar spine x-ray dated May 22, 2014 showed 3.3mm retrolisthesis at L4-L5. MRI of the lumbar spine is recommended with red flag diagnoses where plain radiographs are negative. Furthermore, the documentation did not describe any significant 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 lumbar MRI at this time. Therefore, request for MRI Lumbar is not medically necessary.