

<b>Case Number:</b>	CM14-0070959		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 42 year old male who sustained an industrial injury on 08/02/2010. The mechanism of injury was injury due to repetitive lifting. His diagnosis is low back pain due to spinal stenosis at L4-5. He has continued complaints of low back pain and right thigh pain and numbness. Physical exam examination of the lumbar spine reveals forward flexion 35 degrees, side bending 15 degrees; positive straight leg raise on the right with normal strength, sensation and a normal gait. Treatment has included medications including narcotics, epidural Steroid injection therapy and physical therapy. The treating provider has requested a MRI of the lumbar spine without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation online edition chapter: low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines Page(s): 304.

**Decision rationale:** Per the documentation the claimant had an MRIs of the LS spine on 12/28/2010 and 07/02/2011. He has diagnoses of moderate spinal stenosis at L4-5 and a L5-S1 right foraminal bulge or protrusion abutting the exiting right L5 nerve in the mildly stenotic neural foramen. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there have been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, and bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.