

<b>Case Number:</b>	CM14-0071666		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

This is a 48 year old male with a 5/24/2011 date of injury. He was driving a mower that slipped on an incline and he blacked out from stress/fear of impact and had a closed head injury, contusion of orbital tissues, elbow and hip pain. A progress report dated 5/1/14 noted subjective complaints of severe low back pain and bilateral leg pain involving the lateral calves. Objective findings include decreased sensation in the L4, L5, and S1 distribution on the left, symmetric reflexes, and no strength deficits. A progress report dated 7/11/13 noted decreased sensation in the L4, L5, and S1 distribution on the left. An MRI of the lumbar spine on 7/8/11 demonstrated degenerative disc disease at L5-S1 with moderate central disc protrusion measuring 5 mm. It showed a L4-L5 disc protrusion with foraminal stenosis and possible encroachment of the exiting L4 spinal nerve root. There was no definite nerve root compression. An EMG of the lower extremities from 12/3/12 was a normal study, with no evidence of radiculopathy or mononeuropathy. Diagnostic Impression: Lumbar Disc Disease Treatment to Date: physical therapy, chiropractic care, medication management A UR decision dated 5/7/14 denied the request for MRI without contrast lumbar. There has been no significant clinical change, deterioration or new trauma since the prior MRI. It is unclear why a different result might be expected; what suggests the presence of structural abnormality not previously seen on MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-low back chapter.

**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:** CA MTUS supports imaging of the lumbar spine 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. Additionally, ODG states that MRI is indicated in lumbar spine trauma with neurological deficit, back pain with suspicion of cancer or infection, or with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurological deficit. The patient first had a lumbar MRI in 7/11. However, the patient's only objective finding in 5/1/14 of decreased sensation in the L4-S1 distribution of the left lower extremity was already present in 7/11/13. There has been no clear documentation of any interval deterioration, injury, or suspicion of any other pathology that might warrant a repeat MRI. Additionally, the patient has an EMG of the lower extremities from 12/3/12 without evidence of radiculopathy. It is unclear why a repeat lumbar MRI at this point would be of benefit. Therefore, the request for MRI without contrast lumbar is not medically necessary.