

<b>Case Number:</b>	CM14-0077203		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53-year-old with a date of injury on December 6, 2010. Diagnoses include lumbar post laminectomy syndrome, lumbar strain, and left radiculitis. Subjective complaints are of low back pain radiating into the bilateral buttock. There is also numbness, tingling, and weakness in the legs. Physical exam showed lumbar myospasms, lumbar tenderness, decreased range of motion, positive bilateral straight leg raise test, and positive Kemp's test. Lower extremity motor strength is normal. There was decreased bilateral L4-S1 sensation and decreased reflexes bilaterally. Patient is status post laminectomy in 2012. Other treatments have included physical therapy and epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition; Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI.

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The ODG also states that MRI's are the test of choice for patients with prior back surgery. While this patient has a history of back surgery, there is not documented evidence of progressive neurological deficits, red flag symptoms, or significant objective findings on exam. Therefore, the request for a Lumbar MRI is not medically necessary or appropriate.