

<b>Case Number:</b>	CM14-0080119		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 71-year-old male who reported an injury on 01/27/2011. The mechanism of injury was not stated. The current diagnoses include multilevel cervical discogenic disease, cervical facet syndrome, cervical radiculitis, multilevel lumbar discogenic disease, lumbar facet syndrome, and lumbar radiculitis. The only clinical note submitted for this review is documented on 05/01/2014. The injured worker presented with complaints of neck and lower back radiating into the upper and lower extremities. The injured worker was utilizing Norco 10/325 mg. Previous conservative treatment was not mentioned on that date. Physical examination revealed an antalgic and slow gait, positive straight leg raise bilaterally, motor weakness in the bilateral lower extremities, diminished ankle reflexes and limited lumbar range of motion with tenderness to palpation. Treatment recommendations at that time included a cervical and lumbar spine MRI. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. As per the documentation submitted, the injured worker has undergone a previous lumbar spine MRI. However, there is no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for an additional MRI. There is no mention of an attempt any conservative treatment prior to the request for a second imaging study. Based on the clinical information received, the request is not medically appropriate at this time.