

<b>Case Number:</b>	CM14-0087744		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 1/24/11 while employed by [REDACTED]. Request(s) under consideration include MRI without contrast lumbar spine. Medications list Vicodin, Metformin, Aspirin, and Soma. X-rays dated 5/15/14 showed no changes from previous x-rays on 7/11/13 with degenerative disc disease at L5-S1 with spondylitis changes. MRI of lumbar spine dated 5/9/13 showed multilevel degenerative discogenic changes at T11-12, L3-4, L4-5, and disc protrusion at L5-S1 with neural foraminal stenosis. Conservative care has included physical therapy, medications, and activity modification/rest. Report of 5/15/14 from the provider noted the patient with ongoing chronic low back pain rated at 3/10 radiating to left leg associated with numbness and tingling in right lower extremity. Exam showed tenderness to palpation; positive SLR, and diminished sensation at L5, S1 dermatomes bilaterally. The request(s) for MRI without contrast lumbar spine was non-certified on 5/29/14 citing guidelines criteria and lack of medical necessity.

### 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 Page(s): 303-305.

**Decision rationale:** This patient sustained an injury on 1/24/11 while employed by [REDACTED]. Request(s) under consideration include MRI without contrast lumbar spine. Medications list Vicodin, Metformin, Aspirin, and Soma. X-rays dated 5/15/14 showed no changes from previous x-rays on 7/11/13 with degenerative disc disease at L5-S1 with spondylitis changes. MRI of lumbar spine dated 5/9/13 showed multilevel degenerative discogenic changes at T11-12, L3-4, L4-5, and disc protrusion at L5-S1 with neural foraminal stenosis. Conservative care has included physical therapy, medications, and activity modification/rest. Report of 5/15/14 from the provider noted the patient with ongoing chronic low back pain rated at 3/10 radiating to left leg associated with numbness and tingling in right lower extremity. Exam showed tenderness to palpation; positive SLR, and diminished sensation at L5, S1 dermatomes bilaterally. The request(s) for MRI without contrast lumbar spine was non-certified on 5/29/14. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. However, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine from one recently done in May 2013 nor document any new specific clinical findings to support this imaging study as the patient has unchanged chronic neurological findings with pain level of 3/10. There is no acute flare-up or injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast lumbar spine is not medically necessary and appropriate.