

<b>Case Number:</b>	CM14-0189818		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 is a 57-year-old male with a 9/29/11 date of injury. According to a progress report dated 9/17/14, the patient reported cervical spine pain associated with a burning sensation and numbness radiating to bilateral shoulders and hands, rated as a 7/10. He also reported lumbar spine pain with spasms radiating to bilateral legs, rated as a 5/10. He had no pain in his bilateral hands, just numbness and weakness. Objective findings: tenderness to cervical spine with pain at end range of motion and spasms, tenderness to lumbar spine with decreased range of motion and spasms, tenderness to bilateral wrists with active range of motion, positive bilateral SLR at 80 degrees right and 70 degrees left. Diagnostic impression: cervical and lumbar disc protrusion, lumbar radiculitis, myospasm, bilateral sciatica, bilateral wrist sprain/strain. A magnetic resonance imaging (MRI) of the lumbar spine performed on 8/12/13 demonstrated small anterolateral osteophytes scattered throughout the lumbar spine with associated mild narrowing of the L3, L4, and L5 neural foramina bilaterally. Disc desiccation with a 2mm central and slightly left-sided disc protrusion noted at the L4-L5 level. A 1mm broad-based left-sided disc protrusion noted at L5-S1 level without thecal sac or nerve root compression. Treatment to date: medication management, activity modification, lumbar ESI. A UR decision dated 12/2/14 denied the request for lumbar spine MRI. A specific rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Of Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** California 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. However, in the present case, the patient had a lumbar magnetic resonance imaging (MRI) performed on 8/12/13. There is no documentation of a significant change in the patient's symptoms and/or findings suggestive of significant pathology to warrant a repeat MRI. Guidelines do not recommend repeat imaging unless there is evidence of progressive neurological defects or a significant change in the patient's clinical presentation. Therefore, the request for MRI of lumbar spine was not medically necessary.