

<b>Case Number:</b>	CM14-0190666		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/06/1994
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 3/6/94. The diagnoses include lumbago, thoracic/lumbosacral radiculitis. Under consideration is a request for MRI Lumbar Spine without contrast. There is an 8/26/14 progress note that states that the patient presents for low back pain follow up. She has bilateral back pain all the time. She has leg and foot numbness/tingling. She takes Tramadol and Flexeril as needed but not daily. She has back pain that is worsening. The pain radiates into the right leg and left leg. She has moderate pain without weakness. The pain interferes with sleep and activities of daily living. On exam she has an upright posture with normal gait. The deep tendon reflexes are intact and symmetric bilaterally in the patella and Achilles. The sensory exam to light touch is intact bilaterally L2-S1. The strength is intact bilaterally 5/5 L2-S1. She can toe walk and heel walk. Her distal pulses are intact in the lower extremities. There are no imaging studies for review. The treatment plan states that she was last seen in 2011 and comes in with recent increased symptoms. Her pain medications were refilled. She is going to be sent for current MRI for radicular symptoms. She was instructed on a home exercise program. The plan was an MRI of the lumbar spine as patient is considering surgery. Her medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine with out contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308, and 309.

**Decision rationale:** MRI Lumbar Spine without contrast is not medically necessary per the MTUS ACOEM Guidelines. The ACOEM guidelines recommend imaging studies such as an MRI when a "red flag" is strongly suspected and plain film radiographs are negative. The ACOEM also recommends lumbar imaging when a patient has unequivocal objective findings that identify specific nerve compromise on the neurologic examination to patients who are not responding to treatment or who would consider surgery an option. The documentation indicates that the patient has had a lumbar MRI in past. There are no objective MRI reports for review. There is no documentation of recent updated radiographs prior to requesting an MRI. There are no significant objective red flag findings on physical exam an updated lumbar MRI. An MRI of the lumbar spine without contrast is not medically necessary.