

<b>Case Number:</b>	CM15-0100613		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on April 23, 2009. The mechanism of injury was a slip and fall. The injured worker has been treated for low back complaints. The diagnoses have included low back pain, lumbosacral neuropathic pain, chronic pain syndrome, lumbosacral spondylosis without myelopathy, lumbar disc displacement with radiculitis, lumbar intervertebral disc degeneration, pain related sleep dysfunction, post laminectomy syndrome and pain related anxiety and depression. Treatment to date has included medications, radiological studies, MRI, epidural steroid injections, trigger point injections, sacroiliac joint injections, spinal cord stimulator trial, heat/ice applications, physical therapy, a lumbar fusion and a lumbar revision. Current documentation dated April 28, 2015 notes that the injured worker reported low back pain. The average pain level was an eight out of ten on the visual analogue in the last week. Examination of the lumbar spine revealed tenderness to palpation of the right sacroiliac joint sulcus and mild diffuse tenderness through the distal lumbar space. The pain was also noted to be in the right gluteal region, posterior thigh and right foot. Strength was noted to be diminished through the right lower extremity. The treating physician's plan of care included a request for an MRI of the lumbar spine with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine with and without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter lumbar and thoracic (acute and chronic).

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms or new neurological findings. There was no plan for surgery. In this case, the claimant had prior surgery, injections and surgeries for the lumbar spine. The request for an MRI of the lumbar spine is not medically necessary.