

<b>Case Number:</b>	CM15-0103465		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male sustained an industrial injury to the low back on 10/7/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (11/18/14) showed multilevel degenerative disc disease with facet arthropathy and L5-S1 disc extrusion impinging the right S1 nerve root. In a PR-2 dated 4/30/15, the injured worker complained of low back pain. Physical exam was remarkable for 5/5 lower extremity motor strength with intact sensation throughout. Current diagnoses included lumbar spine sciatica. The physician noted that there was no focality on exam but on x-ray herniated nucleus pulposus was unequivocal. The physician recommended magnetic resonance imaging lumbar spine and return to clinic following the study to determine future treatment.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient was injured on 10/07/14 and presents with low back pain. The request is for a MRI OF THE LUMBAR SPINE to rule out impingement. There is no RFA provided and the patient's work status is not provided. He had a prior MRI of the lumbar spine on 11/18/14, which showed multilevel degenerative disc disease with facet arthropathy and L5-S1 disc extrusion impinging the right S1 nerve root. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has a mild loss of lumbar lordosis, tenderness near the paraspinous muscle, a positive straight leg raise. He is diagnosed with lumbar spine sciatica. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Although the treater would like an updated MRI of the lumbar spine to rule out impingement, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.