

<b>Case Number:</b>	CM15-0104614		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/24/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 32 year old male, who sustained an industrial injury on 11/24/2014. He reported severe lower back pain. According to a progress report dated 01/05/2015, the injured worker complained of midline low back pain causing numbness to the left buttock. He could only sit for a total of 5-10 minutes, stand tilt for 15 minutes and walk less than 5 minutes because of back pain. Medications included Hydrocodone, muscle relaxant, Ibuprofen and Cortisone cream. He was able to walk without any supportive device. His gait was mildly antalgic. There were no surgical scars or skin lesions noted on the lower back. Paraspinal muscles were symmetrical without any swelling or muscle spasm. Deep tendon reflexes were symmetrical in the bilateral lower extremities. Lumbar spine range of motion was 40 degrees with forward flexion, 10 degrees with pain upon extension, 10 degrees with pain upon right lateral bending and 20 degrees with left lateral bending. Straight leg raise was positive on the right and positive on the left with pain. Fabere was positive on the right and left. Patrick sign was negative on the right and left. Dorsiflexion of the foot was positive on the right and left. Sacroiliac joint tenderness was negative on the right and left. Bilateral lower extremity examination revealed intact sensation. Adequate circulation was noted. Dorsalis pedis pulses were 1+ bilaterally. There was no abnormal swelling or dislocation noted. Motor exam was intact 5/5 right lateral lower extremities. Diagnoses included low back strain rule out herniated nucleus pulposus left. Treatment plan included Hydrocodone, Lumbar MRI and a recheck in 4 weeks. Disability status included modified work. Currently under review is the request for MRI of the lumbar spine without contrast.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

**Decision rationale:** MRI of the lumbar spine without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.