

<b>Case Number:</b>	CM15-0141475		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Emergency 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 40 year old male, who sustained an industrial injury on 12-18-12. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar radiculopathy and chronic low back pain. Treatment to date has included medications, activity modifications, and diagnostics, physical therapy, psychiatric, Cognitive Behavioral Therapy (CBT), home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 6-19-15, the injured worker complains of bilateral low back pain that radiates to the testicles. He reports bilateral lower extremity weakness and numbness in the left lower extremity (LLE). There are no previous diagnostic reports or previous physical therapy sessions noted in the records. The current medications included Tramadol, Gabapentin and Lidocaine patch. The physical exam reveals that he has an antalgic gait favoring the right and posture is forward flexed. The lumbar spine exam reveals tenderness noted over the paraspinal muscles over the bilateral facet joints and trigger points over the lower paraspinals. There is limited lumbar range of motion with flexion at 20 degrees with pain and extension is limited to 10 degrees with pain. The physician notes that it is possible that the pain is neuropathic as a result of pathology at L2 (since it is bilateral). The physician requested treatment included Magnetic Resonance Imaging (MRI) without contrast for the Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Pt has claims of weakness but objective exam does not reveal any actual weakness and only mild known L5 sensory loss. Patient has had an MRI in the past but results and date of this test was not provided for review. Patient has an acute flare on chronic disease. There is no documentation of any conservative measures attempted to control acute symptoms. There is no appropriate rationale for provided for imaging a chronic problem. MRI of lumbar spine is not medically necessary.