

<b>Case Number:</b>	CM15-0180430		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/24/2011
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, 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:

This is a 43-year-old male patient, who sustained an injury on 11-24-2011. The diagnoses include protrusion lumbar spine and chronic lumbar radiculopathy. Per the follow-up consultation report dated 08-05-2015 he had complaints of low back pain with radiation down his right leg with weakness and numbness in the right and left lower extremities. It was noted that the symptoms had progressively gotten worse over the last several months. The physical examination revealed diffuse tenderness throughout the lower lumbar area, lumbar forward bending at 45 degrees, lumbar extension to neutral, positive bilateral straight leg raise at 45 degrees, intact sensation to light touch and pinprick throughout, and grossly normal proximal and distal motor strength in the lower extremities. The patient remained temporarily totally disabled. The medications list includes Tramadol, Cyclobenzaprine, and Naproxen. He has had right shoulder MRI on 2/5/2015. Per the doctor's note dated 8/5/2015, patient had lumbar spine MRI 2 and 1/2 years ago. This MRI report is not specified in the records provided. He has undergone right shoulder arthroscopic subacromial decompression on 4/14/2015. He has had physical therapy visits for this injury. He has had a urine drug screen on 01-29-2015 which was positive for opiates. The treating physician requested an MRI of the lumbar spine. On 08-25-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) without contrast of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - MRI.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM low back guidelines "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Per the doctor's note dated 8/5/2015, patient had lumbar spine MRI 2 and 1/2 years ago. This MRI report is not specified in the records provided. Per the cited guidelines "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)." Per the follow-up consultation report dated 08-05-2015 he had complaints of low back pain with radiation down his right leg with weakness and numbness in the right and left lower extremities. It was noted that the symptoms had progressively gotten worse over the last several months. The detailed clinical findings at the time of the previous MRI are not specified in the records provided. Therefore documentation of a significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Failure to recent conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of Magnetic resonance imaging (MRI) without contrast of the lumbar spine is not fully established for this patient at this juncture and therefore is not medically necessary.