

<b>Case Number:</b>	CM15-0180481		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/27/2015
<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: 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 76 year old male, who sustained an industrial injury on 10-23-2003. Medical records indicated that the injured worker is undergoing treatment for post laminectomy syndrome and lumbar radiculopathy. Treatment and diagnostics to date has included lumbar laminectomy, physical therapy, injections, and medications. Current medications include Nucynta, Gabapentin (noted that it did not improve his pain), Atenolol, Lovastatin, and baby aspirin. No diagnostic test reports or work status noted in received medical records. In a progress note dated 08-18-2015, the injured worker reported right sided low back pain with radiation to his right leg. The treating physician stated that the injured worker has had a lumbar laminectomy and three epidural steroid injections without relief of his pain. Objective findings included decreased sensation to light touch of bilateral posterolateral legs and positive straight leg raise test on the right. The request for authorization dated 08-18-2015 requested Lumbar MRI with and without contrast. The Utilization Review with a decision date of 08-27-2015 denied the request for MRI with and without contrast of the lumbar spine.

### 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 Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested MRI of the lumbar spine with and without contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has right sided low back pain with radiation to his right leg. The treating physician stated that the injured worker has had a lumbar laminectomy and three epidural steroid injections without relief of his pain. Objective findings included decreased sensation to light touch of bilateral posterolateral legs and positive straight leg raise test on the right. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met MRI of the lumbar spine with and without contrast is not medically necessary.