

<b>Case Number:</b>	CM15-0181115		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/13/2015
<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: Arizona, 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:

The injured worker is a 55 year old male who sustained an industrial injury on 04-01-2013. According to a primary treating physician's report dated 06-08-2015, the injured worker had persistent low back pain "severe at times". He was scheduled for a second lumbar epidural injection that was to be given on 06-11-2015. An MRI of the lumbar spine performed on 09-25-2013 was interpreted as showing disc desiccation, L2-3, with a 2-3 millimeter left far posterior lateral intra-foraminal protrusion, resulting in mild to modest left inferior neuroforaminal stenosis; disc desiccation at L4-5; 2-3 millimeter diffuse posterior bulging, resulting in mild bilateral inferior neuroforaminal stenosis; and disc desiccation at L5-S1 with 3-4 millimeter retrolisthesis; a 3-4 millimeter diffuse saddle-like bulging resulting in moderate bilateral inferior neuroforaminal stenosis. Diagnoses included lumbar disc protrusion, lumbar radiculopathy, left knee sprain rule out internal derangement and left ankle sprain. The treatment plan included Flexeril, Naproxen and a urine toxicology. The injured worker was temporarily totally disabled. On 06-11-2015, the injured worker underwent a transforaminal nerve root injection and facet joint injection L4-5, L5-S1. On 08-13-2015, Utilization Review non-certified the request for MRI of the lumbar spine and authorized the request for re-evaluation follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Repeat MRI.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant has worsening symptoms with radiculopathy. The claimant has failed conservative therapy and injections. A referral is made to a surgeon for a possible intervention. Since the last MRI is 2 years old, an update MRI would provide appropriate information for the surgeon to make an informed decision. The request for the MRI of the lumbar spine is medically necessary.