

<b>Case Number:</b>	CM15-0182242		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

This is a 45 year old male with a date of injury of May 19, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative joint disease of the lumbar spine, lumbar spine strain, lumbar radiculopathy, and lumbar disc protrusions. Medical records dated July 13, 2015, 2015 indicate that the injured worker complains of continuing symptoms following an epidural steroid injection. A progress note dated August 4, 2015 notes subjective complaints of some flare-ups of the lower back, and pain with attempts to increase activity. Per the treating physician (August 4, 2015), the employee has not returned to work as light duty was not available. The physical exam dated July 13, 2015 reveals satisfactory range of motion of the cervical spine without discomfort, mild limitation of motion of the thoracic spine secondary to discomfort in the lumbar spine, decreased range of motion of the lumbar spine, tenderness to palpation in the upper, mid, and lower lumbar paravertebral muscles, increased pain with lumbar motion, and patchy decreased sensation in the bilateral lower extremities most notably in the L5 distribution. The progress note dated August 4, 2015 documented a physical examination that showed no changes from the examination conducted on July 13, 2015. Treatment has included medications (Tylenol #3 and Protonix since at least January of 2015; Naprosyn since at least April of 2015), lumbar epidural steroid injection in April of 2015 that was "Beneficial" per the treating physician's report on May 29, 2015. The original utilization review (August 20, 2015) non-certified a request for magnetic resonance imaging 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 lumbar spine 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, 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. There were no red flag symptoms. There was no plan for surgery. The claimant has chronic radicular symptoms. The MRI request was to "guide treatment." The request for an MRI of the lumbar spine is not medically necessary.