

<b>Case Number:</b>	CM15-0187479		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/09/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 50 year old male who sustained an industrial injury on 12-9-98. A review of the medical records indicates he is undergoing treatment for lumbar radiculitis left S1, lumbar disc herniation, and long-term use of medications. Medical records (7-16-15 to 8-18-15) indicate chronic lumbar back pain which radiates to his left leg. He rates the pain "6-7 out of 10". The report states that in addition to pain, he also has muscle spasms and "myalgias". He reports more pain at night (7-16-15). The physical exam (7-16-15) reveals diminished range of motion of the lumbar spine with flexion limited to 30 degrees and extension to 20 degrees. Lateral bending is restricted to 10 degrees bilaterally. He has hypertonicity, spasm, tenderness, and tight muscle band on both sides of paravertebral muscles. Spinous process tenderness is noted on L5. Straight leg raise is positive bilaterally in sitting at 50 degrees. Prior diagnostic studies have included an MRI of the lumbar spine. The date of the study is not included in the records. Treatment has included chiropractic and medication management. The treating provider recommends epidural steroid injections, but states that an updated MRI must be completed to consider this treatment. The utilization review (9-5-15) includes a request for an MRI of the lumbar spine without contrast. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**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 - Magnetic resonance imaging (MRI).

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

**Decision rationale:** The requested MRI (magnetic resonance imaging) of lumbar spine 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 chronic lumbar back pain which radiates to his left leg. He rates the pain "6-7 out of 10". The report states that in addition to pain, he also has muscle spasms and "myalgias". He reports more pain at night (7-16-15). The physical exam (7-16-15) reveals diminished range of motion of the lumbar spine with flexion limited to 30 degrees and extension to 20 degrees. Lateral bending is restricted to 10 degrees bilaterally. He has hypertonicity, spasm, tenderness, and tight muscle band on both sides of paravertebral muscles. Spinous process tenderness is noted on L5. Straight leg raise is positive bilaterally in sitting at 50 degrees. Prior diagnostic studies have included an MRI of the lumbar spine. 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 (magnetic resonance imaging) of lumbar spine without contrast is not medically necessary.