

<b>Case Number:</b>	CM15-0189889		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 33-year-old male, with a reported date of injury of 10-29-2014. The diagnoses include lumbar sprain and strain, lumbar radiculopathy, and status post lumbar spine surgery. The progress reports dated 07-23-2015 and 08-20-2015 indicate that the injured worker complained of continuous low back pain, with pain radiating into the left lower extremity and foot. The pain was associated with numbness, weakness, tingling, and burning sensation. The injured worker rated the low back pain 6 out of 10 (07-23-2015 and 08-20-2015). The objective findings (07-23-2015 and 08-20-2015) include normal and equal deep tendon reflexes; moderate antalgic gait; a moderate limp (08/20/2015); a mild limp (07-23-2015); lumbar flexion at 40 degrees; lumbar extension at 10 degrees; right lateral bending of the lumbar spine at 20 degrees; left lateral bending of the lumbar spine at 30 degrees; tenderness to palpation of the lumbar paravertebral muscles; muscle spasms of the lumbar paravertebral muscles; positive left straight leg raise; and negative Patrick's FABERE. The injured worker has been instructed to remain off work until 09-19-2015. The diagnostic studies to date have included an MRI of the lumbar spine on 08-23-2015 which showed disc desiccation at L4-5 and L5-S1, mild straightening of the lumbar lordotic curvature, broad-based left paracentral disc herniation at L4-5 which caused mild stenosis of the spinal canal and associated stenosis of the left lateral recess and left neural foramen with deviation of the left L5 transiting nerve root, and broad-based central disc herniation at L5-S1 which caused mild stenosis of the spinal canal and associated stenosis of the bilateral lateral recess with contact on the left S1 transiting nerve root; and a urine drug screen on 06-04-2015 with inconsistent findings for Noroxycodone,

Oxycodone, and Oxymorphone. Treatments and evaluation to date have included Gabapentin, and Percocet. The request for authorization was dated 08-20-2015. The treating physician requested an MRI of the lumbar spine. On 08-28-2015, 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:

**MRI, lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

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

**Decision rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. Treatment Guidelines states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI, lumbar is not medically necessary and appropriate.