

<b>Case Number:</b>	CM15-0193310		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 41 year old male who sustained an industrial injury on 4-11-07. A review of the medical records indicates he is undergoing treatment for lumbar disc disease and post-laminectomy syndrome. Medical records (3-4-15 to 9-10-15) indicate ongoing complaints of low back pain with intermittent trembling and electric shock sensations in the left leg. The injured worker reports that if he exercises too much, he develops tingling in his legs. In May 2015, he noted more trembling and numbness in the left leg, as well as muscle twitching, which he noted to be intermittent. By June 2015, he was noted to be feeling better. On 9-10-15, he complained of frequent back spasms, which the treating provider indicated as something new. The physical exam (9-10-15) reveals that the left leg has been doing better with less numbness. The treating provider indicates that he has minimal lumbar spasms with tightness with straight leg raising on the left at 80. Flexion at the waist is noted to be 80 degrees. No diagnostic studies are indicated in the provided records. Treatment has included exercise and medication. A request for an MRI of the lumbar spine was indicated. The utilization review (9-22-15) indicates denial of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 spasm and limited range. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, 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 2007 injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings, new injury, or progressive deficits 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 Magnetic resonance imaging (MRI) of the lumbar spine without contrast is not medically necessary and appropriate.