

<b>Case Number:</b>	CM15-0195138		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

This injured worker is a 49 year old male, who sustained an industrial injury on 05-18-2011. The injured worker was diagnosed as having low back pain, sciatica, and spinal stenosis. On medical records dated 09-15-2015 and 07-08-2015, the subjective complaints were noted as severe neck and back pain, numbness and tingling which goes to his hips and thigh. Injured worker also complained of pain that goes into his right shoulder and elbow as well. Objective findings were noted as positive midline tenderness to palpation of the cervical spine, midline tenderness to palpation of the thoracic spine, positive midline tenderness to palpation of the lumbar spine, range of motion was full without spasms or asymmetry. Spurling's maneuver - shoulder abduction signs was noted. Grossly intact to light touch L2-S1 distribution. Reflexes were noted as deep tendon reflexes are equal and normal bilaterally. Mild right straight leg raise was noted. Treatments to date included physical therapy, chiropractic therapy, acupuncture, and epidural injections. Per documentation the injured worker underwent of lumbar MRI in 09-2013, which was noted to have revealed mild disc desiccation and protrusion at L3-L4 and L4-L5, no significant nerve compress and mild borderline narrowing at L4-L5 lateral recesses. Actual MRI was not submitted for review. The injured worker was noted to be not working. Current medications were not listed on 09-15-2015. The Utilization Review (UR) was dated 09-24-2015. A Request for Authorization was dated 09-17-2015. The UR submitted for this medical review indicated that the request for Lumbar MRI without contrast was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI 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:** As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no documentation of any ongoing conservative care. There is no noted new neurologic dysfunction. Symptoms are chronic and not significantly changed. Patient has had an MRI in 2013. There is no justification documented for why a new MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.