

<b>Case Number:</b>	CM15-0198854		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina, Georgia

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:

The injured worker is a 23 year old male who sustained an industrial injury on 02-28-2014. An MRI of the lumbar spine performed on 06-08-2015 showed Schmorl's node formation, congenital stenosis of the thecal sac, L2-L3 posterior annular tear in the intervertebral disc, bilateral neural foraminal narrowing secondary to 2-3 millimeter broad-based posterior disc protrusion in conjunction with congenital stenosis of the thecal sac. Bilateral exiting nerve root compromise was seen. L3-L4 bilateral neural foraminal narrowing and canal stenosis secondary to 2 millimeter broad based posterior disc protrusion in conjunction with congenital stenosis of the thecal sac. Bilateral exiting nerve root compromise was seen. L4-L5 bilateral neural foraminal narrowing and canal stenosis secondary to 2-3 millimeter broad based posterior disc protrusion in conjunction with congenital stenosis of the thecal sac. Bilateral exiting nerve root compromise was seen. According to a progress report dated 08-27-2015, the injured worker reported low back pain that radiated into his left lower extremity, causing cramping in his calf and numbness into the tops of his shoes. Symptoms were rated 7 on a scale of 0-10. Physical examination of the lumbar spine demonstrated decreased and painful range of motion upon extension and left lateral flexion. There was moderate to severe lumbar paraspinal and gluteal spasm. Straight leg raise was positive at 20 degrees left in a seated position. Braggard's was positive on the left. There was loss of sensation in the L5 nerve distribution on the left. There was loss of strength upon plantar and dorsiflexion on the left which was decreased to 4 plus out of 5. The injured worker was able to walk on his toes with pain but not on his heels. He was able to squat. He had difficulty standing from a seated position and sitting from a standing position.

His gait was broad-based. Diagnoses included rule out lumbar intervertebral disc displacement without myelopathy and L5 radiculopathy left. The provider noted that MRI studies of the lumbar spine previously performed were unobtainable. The treatment plan included updated MRI studies of the lumbar spine, electrodiagnostic studies of both lower extremities and aquatic therapy. He was to remain off work until 09-24-2015. On 09-12-2015, Utilization Review non-certified the request for MRI of the lumbar spine without contrast.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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 Chapter, MRIs (magnetic resonance imaging).

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

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. AN MRI was performed 6/8/2015 and there is no documentation of substantial change in symptoms or clinical examination since that time. MRI of lumbar spine is not medically indicated.