

<b>Case Number:</b>	CM15-0207065		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 54 year old male, who sustained an industrial injury on 01-06-2014. Medical records indicated that the injured worker is undergoing treatment for chronic lower back pain, lumbar back pain with radiculopathy affecting right lower extremity, history of back surgery, and left knee pain. Treatment and diagnostics to date has included physical therapy, medications, lumbar spine surgeries, and bilateral knee surgeries. Recent medications have included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Subjective data (09-08-2015), included chronic low back pain. Objective findings (09-08-2015) included lumbar spine tenderness with paraspinal muscle spasm. The request for authorization dated 09-23-2015 requested MRI lumbar spine. The Utilization Review with a decision date of 10-07-2015 non-certified the request for MRI without contrast 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 without contrast, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back: MRI without contrast, MRIs (magnetic resonance imaging).

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

**Decision rationale:** This patient receives treatment for chronic low back pain and failed back syndrome having had 3 low back operations in 2007, 2014, and 01/2015. The patient received physical therapy sessions in 2015 after this last operation. The patient had an industrial injury dated 01/06/2014. The patient reports persisting altered sensation on the lateral R thigh and some loss of sensation on the R hallux. The patient reports some tingling as well. The low back exam reveals a loss of ROM. This review addresses a request for an MRI of the lumbar spine. The treatment guidelines suggest state that MRI imaging should be reserved for patients whose physical exam suggest radiculopathy and who are in need of a surgical procedure. The presence of clinical "red flags" ought to be present. The documentation does not show evidence of any new motor deficit or signs of cauda equina syndrome, such as bowel or bladder incontinence. There is no documentation that any new intervention is planned. On the basis of the documentation presented, a lumbar MRI is not medically necessary.