

<b>Case Number:</b>	CM15-0209995		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 (n) 54 year old male, who sustained an industrial injury on 12-2-13. The injured worker was diagnosed as having moderate L4-L5 central stenosis and moderate L5-S1 broad central disc protrusion. Subjective findings (9-18-15) indicated 7-8 out of 10 pain in the lower back. The injured worker reports the pain increases with prolonged sitting, standing, bending, kneeling, stooping and ascending and descending the stairs. Objective findings (9-18-15) revealed a positive straight leg raise test bilaterally at 45 degrees and tenderness to palpation in the spinous processes at L1-S1. Lumbar flexion was 40 degrees, extension was 18 degrees, left lateral bending was 22 degrees and right lateral bending was 20 degrees. Treatment to date has included a lumbar MRI on 4-28-14 showing moderate multifactorial L4-L5 central stenosis and L5-S1 broad central disc protrusion, physical therapy x 4 weeks for the lumbar spine, Naproxen and Hydrocodone. The Utilization Review dated 9-30-15, non-certified the request for a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

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

**Decision rationale:** Treatment Guidelines for the Lower Back Disorders, states criteria for ordering imaging studies 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, none identified here. 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 repeating the MRI of the Lumbar spine last done in 2014 nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine is not medically necessary and appropriate.