Case Number:	CM15-0021508		
Date Assigned:	02/11/2015	**Date of Injury:**	02/07/2011
Decision Date:	04/07/2015	**UR Denial Date:**	01/27/2015
Priority:	Standard	**Application Received:**	02/04/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 2/07/2011. The diagnoses have included lumbar degenerative disc disease, right leg radiculopathy, status post lumbar decompression and sacroiliac joint arthritis. Treatment to date has included medications, chiropractic care and surgical intervention. A 3 phase bone scan dated 10/08/2013 showed increased activity of the left sacroiliac joint in comparison to the right, degenerative changes across the left sacroiliac joint and minimal bilateral degenerative tracker uptake at the superior hip joints. EMG (electromyography)/NCV (nerve conduction studies) dated10/15/2013 revealed disclosed right L5 nerve denervation. Magnetic resonance imaging (MRI) of the lumbar spine and sacroiliac dated 7/24/2014 showed minimal sacroiliac joint arthrosis without evidence of arthropathy. He underwent a laminotomy and foraminotomy of L4, L5 and S2 with microdiscectomy of L5 and S1 on 8/21/2014. Currently, the IW complains of midline back pain with radiation to the legs. Objective findings included a satisfactory gait, increased right ankle strength and a negative straight leg raise test. FABER test was positive bilaterally. There is tenderness on compression and sacroiliac joint tenderness. On 1/27/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) lumbar spine without contrast noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/04/2015, the injured worker submitted an application for IMR for review of lumbar spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine without Contrast Between 1/22/2015 and 3/8/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker had MRI of the lumbar spine dated 7/24/14 which showed mild disc degenerative changes and very mild central disc bulge at L4-L5 and right side L4-L5 without significant mass effect. The documentation submitted for review did not contain evidence of any red flag neurologic findings on physical examination or progression which would warrant repeat MRI. Medical necessity cannot be affirmed.