

<b>Case Number:</b>	CM15-0021563		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/07/1996
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Arizona

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 54-year-old male who reported an injury on 02/07/1996, due to an unspecified mechanism of injury. On 01/09/2015, he presented for a follow-up evaluation regarding his work related injury. He complained of low back pain bilaterally, worse on the right than the left, and noted that he was not taking any pain medications and was having difficulty performing his work duties. He also complained of associated numbness in his bilateral legs. On examination, there was moderate discomfort on palpation in the mid lumbar spine and he had diminished light touch to the right lateral shin and anterior foot. Lower extremity strength was a 5/5, and he had positive straight leg raise on the right at 45 degrees. He was diagnosed with lumbar discectomy and foraminotomy with residual back and leg pain. The treatment plan was for an MRI to rule out a recurrent disc herniation.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The California ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Documentation provided does show that the injured worker had decreased sensation to light touch in the lower extremity. However, there is a lack of documentation showing that he has tried and failed recommended conservative care. Without evidence showing that the injured worker had tried and failed all recommended conservative therapy options to address his pain, the request would not be supported. Also, there is no evidence that he is considering surgery an option. Therefore, the request is not supported. As such, the request is not medically necessary.