

<b>Case Number:</b>	CM15-0218344		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Arizona, 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 49-year-old male who sustained an industrial injury on 12-7-2012 and has been treated for chronic low back pain and left leg radiation, neck pain and left arm pain. Diagnostic Lumbar MRI study dated 1-6-2015 showed disc desiccation and spondylosis changes at L5-S1, no fracture, and clonus medullaris ending at T12 and "normal in appearance." On 6-12-2015, the injured worker was examined in an initial orthopedic spine consultation. He presented with low back pain, which radiated down his left leg into the heel of his foot. Tingling was noted down the lateral part of his left foot. He also reported radiating neck pain. At the visit, he rated low back and left leg pain at 8 out of 10 on a pain scale. Objective findings included tenderness to palpation of the L5-S1 region of the low back. Range of motion revealed flexion at 30 degrees out of expected 60, and extension was 10 out of 25. Right and left lateral bending showed no deviation from the documented norm. Left sided straight leg raise was positive. It was noted that there were no signs or symptoms of spinal cord compression or cauda equina syndrome. Documented treatment includes one epidural injection, topical creams, Tramadol, and muscle relaxants. He has never had physical therapy for the low back, but the injured worker reported that he did have therapy for the left leg. The note states that the injured worker "did not come in with any imaging studies in the form of x-rays, nor MRI scan, and that an MRI of the back would be "reasonable and appropriate." A request was submitted for an MRI of the lumbar spine without contrast. This was non-certified on 10-5-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar spine without Gadolinium contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI and was seen by an orthopedic surgeon who stated the MRI did not have findings that would need for intervention. The prior MRI report was not provided. The request for another MRI of the lumbar spine is not medically necessary.