

<b>Case Number:</b>	CM15-0222368		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	12/16/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: New York, West Virginia,  
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

### 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 65 year old male who sustained an industrial injury December 16, 2004. Diagnoses are lumbago; brachial neuritis-radiculitis not otherwise specified; cervicgia; thoracic-lumbosacral neuritis-radiculitis. According to a pain management physician's report dated September 28, 2015, the injured worker presented for follow-up with complaints of low back pain and left posterior leg pain, right anterior leg pain, neck pain and arm pain with numbness with a headache. He also reported poor quality of sleep due to pain. He rated his average pain 9-10 out of 10, since the last visit. The physician documented an MRI of the lumbar spine dated June 26, 2015 revealed L1-L2 3mm posterior disc protrusion; L2-3 4-5mm posterior disc protrusion-extrusion; L3-4 3-4mm posterior disc protrusion; L4-5 4-5mm posterior disc protrusion-extrusion; L5-S1 3-4mm posterior disc protrusion. Current medication included Ambien, Celebrex, Dilaudid, Methadone, MS Contin, Neurontin, Tigan, and Zanaflex. Objective findings included; pain in the cervical and lumbar areas with radicular symptoms to his extremities due to severe stenosis; right greater than left neck pain with numbness and tingling to both arms from his shoulders to his hands. At issue, is a request for authorization for an MRI of the lumbar spine. According to utilization review dated October 15, 2015, the request for a Lumbar Spine MRI is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

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

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

**Decision rationale:** Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, the patient had a lumbar MRI on 6/26/15 with no evidence of red flags. There is no rationale for a repeat lumbar MRI as there are no new red flag conditions. The request for lumbar MRI is not medically necessary and appropriate.