

<b>Case Number:</b>	CM15-0041847		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 3/7/2014. He reported sciatic type pain since injury that is radicular to bilateral lower extremities. Currently, the injured worker complains of constant lumbar pain; sciatica with pain in both legs. The injured worker describes flare-ups of pain down the left leg but mostly feels numbness in the upper outer aspects of the left thigh. Prior lumbar MRI of 6/2014 demonstrates a large herniated disc at L3-4 and the PR2 documents the injured worker previously was not a surgical candidate due to "blood clots". He has now been cleared for surgery, but due to the lapse in time since his last MRI, the provider is requesting a more recent lumbar MRI. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included MRI lumbar spine - large disc herniation L3-4 (6/2014) and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI Lumbar Spine without Contrast is not medically necessary.