

<b>Case Number:</b>	CM15-0051662		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Internal 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 51 year old male injured worker suffered an industrial injury on 11/01/1998. The diagnoses included left sided lumbar radiculopathy and spinal stenosis. The injured worker had been treated with home exercise program and medications. On 2/5/2015 the treating provider reported increased tingling and numbness to the left leg during walking. He reported decreased sensation to the left leg. The treatment plan included MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states

that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Physical Medicine & Rehabilitation progress report dated February 5, 2015 documented a physical examination. Gait pattern is normal. There is no detectable weakness in the lower extremities. Straight leg raising test is negative. The patient reports diminished sensation to pinprick in left L5 dermatome. There is no visible muscle atrophy. No evidence of cauda equina, tumor, infection, or fracture was documented. No objective evidence of neurologic deficit was documented. Therefore, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.