

<b>Case Number:</b>	CM15-0053347		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 45 year old male with an industrial injury dated 10/19/2011. His diagnoses/impression includes history of lumbar surgeries with subsequent complications, significant intractable lumbar pain, lumbar radiculopathy and chronic headaches. Prior treatment includes epidural steroid injection, diagnostics and medications. He presents on 12/04/2014 with complaints of significant increase in back pain with numbness and tingling and weakness to the point that as a result he had fallen a couple of times. Physical exam revealed spasm and tenderness in the lumbar spine with decreased range of motion. Gait was antalgic and he was using a cane for ambulation. The provider notes due to changes in symptomatology he recommended an updated MRI of the lumbar spine.

### 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): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has increased in back pain with numbness and tingling and weakness to the point that as a result he had fallen a couple of times. The treating physician has documented spasm and tenderness in the lumbar spine with decreased range of motion. Gait was antalgic and he was using a cane for ambulation. The treating physician has not documented a positive straight leg raising test, or deficits in dermatomal sensation, reflexes or muscle strength, nor progression of positive neurologic exam findings. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.