

<b>Case Number:</b>	CM15-0089609		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/30/1998
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old male, with a reported date of injury of 04/30/1998. The diagnoses include lumbar discopathy, lumbar radiculopathy, and lumbar degenerative joint disease with stenosis. Treatments to date have included Ibuprofen. The initial orthopedic consultation dated 04/03/2015 indicates that the injured worker complained of constant pain in the lower back radiating to the leg, with numbness in both legs, and pain in the left wrist area. The physical examination showed lumbar paravertebral muscle spasm, tenderness at the lumbosacral junction, tenderness at L4, L5, S1, and S2, a slow antalgic gait, inability to walk on his toes, inability to walk on his heels, inability to knee, and inability to squat, and decreased lumbosacral spine range of motion. The injured worker was permanent and stationary. Per progress note dated 5/6/15 the patient had a lumbar MRI 6/24/13 with multiple disc protrusions and bilateral foraminal stenosis. Exam on this date revealed 2/4 patella and 1/4 ankle reflexes. Strength is 4 to 4+/5 in the BLE. Sensory exam is decreased posterolateral thigh; calf in L5, S1 distribution bilaterally. There continues to be decreased lumbar range of motion. The treating physician requested an 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 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

**Decision rationale:** MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The patient has had a prior MRI but there are no objective radiology reports of these findings. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.