

<b>Case Number:</b>	CM15-0089972		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/16/2015
<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 49 year old male who sustained an industrial injury on 03/16/2012. Current diagnoses include lumbar/lumbosacral disc degeneration, lumbar disc displacement, lumbosacral neuritis, and spinal stenosis-lumbar. Previous treatments included medication management, physical therapy, lumbar surgery, and home exercise program. Previous diagnostic studies include an x-ray of the lumbar spine on 12/30/2014, and urine toxicology. Report dated 04/15/2015 noted that the injured worker presented with complaints that included low back pain, status post slip and fall in the shower on 02/28/2015. Pain level was not included. Physical examination was positive for decreased sensation in the left foot to light touch. Motor strength tested the bilateral lower extremities was 5/5. X-rays reveal hardware in good position. The treatment plan included a CT scan of the lumbar spine, acupuncture, and continue pain management. Disputed treatments include a MRI of the lumbar spine without contrast.

### 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 ACOEM Chapter 12 Low Back Complaints.

**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- MRI.

**Decision rationale:** MRI of the lumbar spine without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. 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, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.