

<b>Case Number:</b>	CM14-0127377		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61 year old male with a reported date of injury on 07/07/2008. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar spine degenerative disc disease. The injured worker's previous treatment included a TENS unit, home exercise program, and trigger point injections to the bilateral lower lumbar paraspinal musculature. No pertinent diagnostic testing information was provided. The injured worker's surgical history included a multilevel lumbar fusion (L2-5 ASF/PSF). The injured worker was examined on 03/18/2014 for chronic low back pain which had increased since the last evaluation. The clinician observed and reported that the injured worker had obtained maximum medical improvement. The lumbar spine focused assessment revealed spasm, a limited and painful but improved range of motion, intact motor strength, and negative straight leg raise and Lasegue sign. The treatment plan was to continue TENS, home exercise program, and medications, trigger point injections, request an MRI, and recheck in three months. The injured worker's medications included Norco 10/325 mg two tablets three times per day and Flexeril one tablet twice per day. The request was for Retrospective request for MRI of the lumbar spine, flexion and extension with and without contrast (DOS 4/4/14). No rationale for this request was provided. No request for authorization form was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for MRI of the lumbar spine, flexion and extension with an without contrast (DOS 4/4/14\_): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

**Decision rationale:** The request for Retrospective request for MRI of the lumbar spine, flexion and extension with an without contrast (DOS 4/4/14) is not medically necessary. The injured worker complained of increased low back pain since prior exam. The California MTUS/ACOEM guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The guidelines state using imaging tests before 1 month in the absence of red flags is not recommended. The injured worker was status post lumbar fusion and had reached maximum medical improvement status. The injured worker's motor strength was intact and straight leg raise was negative. There is a lack of documentation indicating the injured worker has significant findings indicative of neurologic deficit upon physical examination. Therefore, the retrospective request for an MRI of the lumbar spine, flexion and extension with an without contrast (DOS 4/4/14) is not medically necessary.