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| <b>Case Number:</b>   | CM14-0152103 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 06/09/2011 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 51-year-old male who reported an injury on 06/09/2011 the injured worker sustained an industrial injury to the low back when acting as a suspect on weaponless defense takedowns. The injured worker's treatment history included physical therapy, acupuncture sessions, radiofrequency ablation, MRI studies, and EMG/NCS. The injured worker had MRI on 04/17/2012 that revealed multilevel degenerative disc disease and facet joint arthropathy; broad based posterior herniated disc at L4-5 with posterior disc displacement, 5 mm, and mass effect at nerve roots of bilateral L5 with bilateral neural foraminal narrowing. The injured worker was evaluated on 09/08/2014 and it was documented the injured worker complained of aching, numbing pain in the lower back and legs rated at 7/10. The pain rated to the thighs. Numbness and tingling were reported. Medications were helpful and well tolerated. Pain symptoms were adequately managed. Sleep was poor. Pain had increased since the last visit. Pain worsened after his afternoon walk. Objective findings; lumbar flexion was 40 degrees and extension was 10 degrees limited by pain. There was tenderness to palpation at the left lumbar paravertebral muscles and spinous processes at L2, L3, and L4. Left lumbar facet loading was positive. There was 4/5 strength of left knee extensors. Bilateral straight leg raise were positive. The diagnoses included thoracic or lumbosacral neuritis/radiculitis, lumbar disc displacement without myelopathy, myalgia or myositis and lumbar or lumbosacral disc degeneration. The request for authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acute and Chronic, MRIs

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

**Decision rationale:** The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had a MRI of the lumbar. The provider failed to indicate significant changes or nerve compromise on examination. There was no indication of red flag diagnoses or the intent to undergo surgery. The request for lumbar MRI without contrast is not medically necessary.