

<b>Case Number:</b>	CM14-0181562		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 55 year-old patient sustained an injury on 8/11/2000 while employed by [REDACTED]. Request(s) under consideration include 1 MRI for the Lumbar Spine as an outpatient. Diagnoses include lumbosacral sprain/strain. Report of 9/9/14 from the provider noted the patient with chronic ongoing lower back pain shooting down left leg associated with heavy sensation and burning. Medications list Norco, Lyrica, Flexeril, and Ibuprofen, Senokot, and Colace. The provider noted the patient has requested for some physical therapy as it was helpful in the past and also states she wants a new MRI of her back. The patient is not working and on Social Security Disability. Per the provider, previous MRI of the lumbar spine the previous year showed disc herniation at L2-3 entrapping exiting L2 nerve root, facet arthrosis, multi-level spondylolisthesis at L2-3, L4-5, and L5-S1 with degenerative changes. There was mention of non-industrial past medical history to include diabetes, obesity, hypertension, hyperlipidemia, and left knee meniscal tear. Exam showed patient ambulates with a limp; muscle rigidity/ muscle spasm in lumbar trunk; limited range of flex/ext of 30/5 degrees; no documented sensory or motor testing deficits documented with SLR at 80 degrees producing pain into left buttock and posterior thigh (not beyond); DTRs symmetrical. The request(s) for 1 MRI for the Lumbar Spine as an outpatient was non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI for the Lumbar Spine as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific change in clinical findings to support this imaging study as the patient has no documented neurological deficits on changes on exam of bilateral lower extremities nor is there any acute flare-up or new injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 MRI for the Lumbar Spine as an outpatient is not medically necessary and appropriate.