

<b>Case Number:</b>	CM14-0082039		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational Medicine 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 is a 45-year-old male with a 3/17/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/1/14, the patient stated he had increased low and mid back pain that continued to affect his activities of daily living, and he stated that he can "barely even walk now". He continued to await authorization for the ESI. His average pain without medications was 8-10/10 and 2/10 with medications. His current pain was rated at a 5/10. An MRI of the lumbar spine dated 4/16/13 revealed moderate multilevel degenerative change of the lumbar spine of indeterminate age most notable for mild canal stenosis at L3-L4. According to a progress note dated 12/23/13, the patient stated he had increased low back pain but no change in distribution. Objective findings: tenderness to palpation of L5-S1 area, tenderness to palpation of paraspinals with multiple level disc protrusions, decreased sensation to light touch of bilateral extremities, diminished bilateral lower extremity strength. Diagnostic impression: displacement; lumbar disc without myelopathy, lumbar degenerated disc disease, lumbar spine stenosis, lumbar radiculopathy, lumbar facet arthropathy. Treatment to date: medication management, activity modification, ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR W/O 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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It is noted that the patient just had an MRI in April of 2013, and there are no significant changes in the patient's condition to warrant repeat imaging in such a short time frame. The patient is noted to have increased pain pending an ESI, but there is no description of any significant neurological changes in his condition. Therefore, the request for MRI lumbar w/o contrast is not medically necessary.