

<b>Case Number:</b>	CM14-0218896		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/01/2002
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male with a work injury dated 03/01/2002. The mechanism of injury is not documented. On 10/13/2014 when he presented for a follow up he was complaining of low back pain with radiation to his right foot. He described the pain as burning, deep, numbness, shooting, stabbing and pinching. Onset was 2 months earlier. Current medications included Prevacid, Celebrex, Propranolol ER, Bupropion and Citalopram. Physical exam revealed tenderness in the lumbar spine with moderate pain with range of motion. Lower extremity muscle tone was diminished. Moderate lumbar spasm was noted. On 11/17/2014 the IW returned for follow up. He rates pain as 7/10. He stated the physical therapy treatments were helping. He was maintained on his regular medications and started on a trial of Robaxin with one dose given in the office. MRI of lumbar spine was requested. On 12/18/2014 utilization review non-certified the request noting there was no document of recent progression of neurologic deficits or red flags. Guidelines cited were MTUS, ACOEM and ODG. The request was appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

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

**Decision rationale:** The request for MRI of the lumbar spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines include that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, the physical examination, performed on 11/17/2014, did not reveal any neurological deficits to warrant the need for an MRI of the lumbar spine. There was also no documentation of a failure of at least 3 to 4 weeks of conservative care, including physical therapy. As such, the request for MRI of the lumbar spine without contrast is not medically necessary.