

<b>Case Number:</b>	CM14-0066845		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/29/2004
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 64-year-old male, with a reported date of injury of 10/29/2004. The diagnoses include lumbar degenerative disc disease with spondylosis, central and bilateral neural foraminal stenosis of the lumbar spine, and lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Treatments to date have included an MRI of the lumbar spine on 04/05/2013 which showed hemangiomas, a left foraminal disc protrusion with mild diffuse disc bulge and disc degeneration, moderate bilateral facet arthritis at L3-4, moderately severe disc degeneration, moderate spondylosis, and mild degenerative anterolisthesis of L4 with severe bilateral degenerative facet arthritis; x-rays of the lumbar spine which showed moderate to advance disc space narrowing and degenerative spurring at L4-5 and L5-S1; oral medications; and electrodiagnostic studies of the bilateral lower extremities. The progress report dated 03/31/2014 indicates that the injured worker had a history of substantial deterioration and worsening of his low back condition. A physical examination of the lumbar spine showed difficulty rising from a seated to standing position, tenderness to palpation with moderate muscle spasm over the lumbar paravertebral musculature to the lumbosacral junction, localized tenderness to palpation over the bilateral sciatic notch regions, positive bilateral straight leg raise test with radiating pain into the L5 and S1 dermatomal distribution, decreased raise of motion, decreased sensation along the L5-S1 dermatomes, and a slight to moderate right-sided limp. The treating physician requested an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Guidelines recommend imaging with unequivocal findings with nerve compromise unresponsive to treatment and under consideration for surgery. In this case, the patient had a prior MRI in 2009 and surgical intervention was recommended in 2013. However, the patient had not followed up with a spine surgeon and had not undergone any type of treatment since 2012. The request for MRI lumbar spine is not medically appropriate and necessary.