

<b>Case Number:</b>	CM15-0129085		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 47 year old male who sustained an industrial injury on 4-7-13. The mechanism of injury was a slip and fall. Diagnosis is lumbar spine discogenic back pain with left lower extremity radiculopathy. In a progress report dated 4-3-15, a treating physician notes complaints of constant lower back pain radiating into the left leg down into the foot. The pain is rated as 7 out of 10. He is having difficulties performing activities of daily living. There is tenderness in the lumbar paraspinal region bilaterally and tenderness in the midline lumbar spine. Straight leg raise is positive on the left. An MRI of the lumbar spine was done previously on 5-19-14 and the impression was L2-L 3.3, mm left paracentral disc protrusion combined with facet hypertrophy produces left neuroforaminal narrowing, L3-L4, 3.3 mm broad based disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing, L4-L5, grade 1 degenerative spondylolisthesis of L4, measuring 3.3 mm combined with a disc protrusion and facet and ligamentum flavum hypertrophy there is spinal canal narrowing and bilateral recess and neuroforamina narrowing, L5-S1 bilateral facet arthropathy. He is currently not working. The plan is for a referral to pain management and a lumbar MRI. Previous treatment includes medications, urine drug screenings, physical therapy, acupuncture, chiropractics, and MRI of the lumbar spine done 5-19-14. The requested treatment is 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:

**MRI of the lumbar spine:** 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): 303-305.

**Decision rationale:** The patient's date of injury was 4/7/2013. He underwent an MRI of the LS spine on 5/12/2014 which was abnormal as noted above. The request is for a repeat MRI of the LS spine. Subjectively, the patient continues to complain of moderate to severe low back pain, radiating to both lower extremities. He has been diagnosed with a lumbar radiculopathy. Since his last MRI over a year ago, there is no documentation of additional trauma or progressive neurologic deficit. There are no changes in the patient's symptoms. There are no red flag conditions justifying a repeat MRI. Therefore, the request for a repeat MRI of the LS spine is deemed not medically necessary.