

<b>Case Number:</b>	CM15-0171104		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on 4-1-2013. The mechanism of injury was not provided. The injured worker was diagnosed as having lumbar laminectomy, acute lumbosacral strain, left hip contusion, lumbosacral radiculitis and bilateral lower extremities radicular pain. A progress report from 6-26-2015 noted low back and left leg pain. A recent progress report dated 7-27-2015, reported the injured worker complained of lumbar spine pain radiating to the left lower extremity and left hip pain, rated 7 out of 10. Physical examination revealed lumbar tenderness and spasm and full range of motion. Recent diagnostic studies were not provided. Treatment to date has included surgery, physical therapy and medication management. On 8-5-2015, the Request for Authorization requested lumbar magnetic resonance imaging without contrast. On 8-13-2015, the Utilization Review noncertified lumbar magnetic resonance imaging without contrast due to the lack of documentation regarding significant change in pathology or symptoms since the last lumbar magnetic resonance imaging in 1-28-2014.

### 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 Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for low back pain radiating into the left lower extremity and left hip pain. He underwent lumbar spine surgery in January 2015 with a left L4-5 laminotomy and decompression with resection of lipomatosis. In April 2015 he was having ongoing back pain radiating into the left lower extremity and reported that the surgery had not provided any significant relief. There was positive left straight leg raising with decreased lower extremity sensation. When this request was made, he was having constant pain which was unchanged. Physical examination findings included positive left straight leg raising. There was decreased left extensor hallucis longus strength which has been documented since two weeks after surgery at the first post-operative visit. Authorization for an MRI without contrast was requested. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent change in symptoms or findings suggestive of significant new pathology. The neurological findings documented are chronic and the surgery performed does not appear to have changed the claimant's condition. The requested MRI was not medically necessary.