

<b>Case Number:</b>	CM15-0060746		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/10/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Anesthesiology, 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 66-year-old male patient who sustained an industrial injury on 09/10/1997. A primary treating office visit dated 03/04/2015 reported the patient having had fallen down stairs hitting his back and with resulting injury. Previous treatment is to include: multiple consultations, physical therapy, chiropractic, acupuncture, along with steroid injections. He is with recent subjective complaint of new onset right lower extremity pain when lying on side. He continues with low back pain, which is fairly constant. Prior diagnostic testing to involve: Magnetic resonance imaging and radiograph study. He is diagnosed with lumbar spine canal stenosis. The plan of care involved: recommending the patient undergo electro nerve conduction study, and obtain another magnetic resonance image study.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, MRIs (magnetic resonance imaging).

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

**Decision rationale:** ACOEN notes that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG, Low Back Procedure Summary, Indications for MRI: Thoracic spine trauma with neurological deficit. Lumbar spine trauma with neurological deficit. Lumbar spine trauma, seat belt (chance) fracture (if focal, radicular findings or other neurologic deficit). Uncomplicated low back pain: suspicion of cancer, infection or "other red flags." Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurologic deficit related to spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease injured worker. Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.