

<b>Case Number:</b>	CM15-0063091		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, District of Columbia, Maryland  
 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 58 year old male who sustained an industrial injury on 05/28/08. Initial complaints and diagnoses are not available. Treatments to date include physical therapy and a lumbar epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine. Current complaints include right knee pain. Current diagnoses include displacement of intervertebral disc and internal derangement of the knee. In a progress note dated 08/11/14 the treating provider reports the plan of care as continued pain management with a scheduled for a lumbar epidural steroid injection later that same day, and a Synvisc injection in the right knee on the date of service, 3 of 3. The requested treatments is a lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. MRI of the lumbar spine dated 12/12/12 revealed status post L5-S1 posterior spinal fusion. L4-L5 disc bulge and marked bilateral facet joint hypertrophy/ligamentum flavum hypertrophy resulting in severe bilateral neural foraminal stenosis with compression of the exiting bilateral L4 nerve roots, worse on the right. Severe bilateral neural foraminal stenosis at the L5-S1. Per operative report dated 1/12/15, the injured worker complained of low back pain radiating down the left lower extremity. Clinical findings were consistent with previous MRI findings. The documentation submitted for review did not contain evidence of any red flag neurologic findings on physical examination. The request is not medically necessary.