

<b>Case Number:</b>	CM15-0068213		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, California  
 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:

This is a 52 year old male patient, who sustained an industrial injury on 3/17/1999. He sustained the injury while opening a car door. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, post-laminectomy syndrome of the lumbar region and lumbago. According to the progress report dated 3/19/2015, he had complaints of pain in his low back, sacroiliac joint and bilateral legs at 8/10 medications and 6/10 with medications. Physical examination revealed the lumbar spine- maximum tenderness along the left posterior superior iliac spine, exquisite tenderness along the right posterior superior iliac spine, positive straight leg raising bilaterally, restricted lumbar range of motion and Dysesthesia along the bilateral posterolateral calves. The medications list includes Norco, soma and zolpidem. He has undergone lumbar surgery. Date and details of surgery was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80 91.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303-304.

**Decision rationale:** MRI Lumbar Spine. Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Electrodiagnostic studies with findings of radiculopathy are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. Prior diagnostic study reports since the date of injury in 1999 are not specified in the records provided. The medical necessity of MRI lumbar spine is not fully established for this patient at this juncture. The request is not medically necessary.