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| <b>Case Number:</b>   | CM15-0069933 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 10/03/2002 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/13/2015 |

### 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: New Jersey, New York  
 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 54 year old male, who sustained an industrial injury on 10/3/02. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain; lumbosacral radiculopathy; lower extremity pain. Treatment to date has medications. Currently, the PR-2 notes dated 3/3/15 is a hand written. The notes indicate the injured worker complains of low back pain with radiating pain to the left lower extremity. Pain levels are documented at 6-9/10 and notes that 60% of the pain is relieved by medications improving his function and quality of life. There is no evidence documented of misuse of the medications prescribed. He has a slow gait with the use of a cane. The physical examination notes positive for numbness and tingling in the left lower extremity and positive for moderate tenderness in the lumbar paraspinal muscles with positive muscle spasms. The provider is requesting a lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) 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 request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. There was no documentation of decreased strength, decreased sensation in a specific dermatome, or decreased reflexes. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Therefore, the request for lumbar MRI is medically unnecessary.