

<b>Case Number:</b>	CM15-0075298		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 60 year old male who sustained an industrial injury on 10/09/2010. The injured worker was diagnosed with chronic pain of the lower back and lumbosacral radiculopathy. Treatment to date includes diagnostic testing, cervical and lumbar interlaminar epidural steroid injection (ESI), physical therapy and medications. The injured worker is status post left shoulder rotator cuff repair, decompression, Mumford procedure and extensive debridement in June 2012. According to the treating physician's progress report on March 24, 2015, the injured worker continues to experience chronic low back pain with radiation to the bilateral lower extremities. The injured worker rates his pain at 6/10 with pain medication and 8/10 without medication. Examination of the lumbar spine demonstrated tenderness to palpation in the paravertebral muscles with decreased range of motion on flexion and extension. Dysesthesia is noted in the L4, L5 and S1 dermatome distribution bilaterally. Current medication is Tramadol. Treatment plan consists of continuing with Tramadol for pain and the current request for magnetic resonance imaging (MRI) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI without contrast QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** This 60 year old male has complained of low back pain since date of injury 10/9/10. He has been treated with physical therapy, surgery, epidural steroid injections and medications. The current request is for MRI lumbar spine without contrast. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.