

<b>Case Number:</b>	CM15-0092722		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California, North Carolina  
 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 51-year-old male with an industrial injury dated 01-24-2013. Medical records indicate he was being treated for lumbar 4 sacral 1 disc degeneration, left lumbar 4-5 mild lateral recess stenosis, lumbar 4-sacral 1 facet arthropathy, left leg radiculopathy vs. pseudo radiculopathy due to facet arthropathy and chronic lumbago. He presents on 04-15-2015 with complaints of left sided low back pain that radiates down the left buttocks and posterior thigh and occasionally into the calf with intermittent right anterior thigh numbness. The right foot tingling was improved. Work status is modified duty. Physical exam noted a normal gait with a normal heel-toe swing-through gait with no evidence of limp. There was no evidence of weakness walking on the toes or the heels. Sensory to light touch and pinprick was intact in the bilateral lower extremities. MRI of the lumbar spine dated 03-04-2013 is documented in the 04-15-2015 note by the provider showing slight disc bulge at lumbar 4-5 and lumbar 5 sacral 1, mild facet arthropathy lumbar 4-5 and lumbar 5-sacral 1 and mild left lateral recess stenosis at lumbar 4-5. Prior treatment included TENS unit, exercise, hot therapy and medications. The provider is requesting authorization for a left lumbar 4-5 and lumbar 5 sacral 1 laminotomy and foraminotomy and right sided lumbar 4-5 laminotomy and foraminotomy. The provider states "I require a new MRI scan without contrast as well as he has some new symptoms of lumbar 4 paresthesia's and it has been approximately 2 years and I will need a new MRI scan before performing surgery." The request for authorization dated 04-15-2015 is for preoperative Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine. On 05-04-2015, the request for preoperative Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s):  
Surgical Considerations.

**Decision rationale:** This is a request for a repeat MRI secondary to degenerative disc disease at multiple levels of the lumbar spine (L4-L5, L5-S1). The claimant had a previous MRI in 2013 of the lumbar spine, which showed only some mild disc bulging and mild facet arthropathy in the L4-S1 area. In the interim there have been no physical exam, imaging or electrodiagnostic studies indicating progressive neurologic worsening of symptoms. A request for surgery in this region has also been previously declined. Therefore, the request for a repeat MRI is not warranted and is not medically necessary or appropriate.