

<b>Case Number:</b>	CM15-0097540		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male, who sustained an industrial injury on 7/7/14. He has reported initial complaints of low back injury. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar neuritis/radiculitis, lumbago and chronic pain syndrome. Treatment to date has included medications, activity modifications, lumbar surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 2/9/15, the injured worker complains of low back, left hip and left calf pain. He had epidural steroid injection (ESI) with 50-60 percent pain relief and is more functional and can activities of daily living (ADL) with less pain. He is also sleeping better. The objective findings/physical exam reveal that the lumbar spine has tenderness, muscle spasm, there is diminished range of motion due to pain, straight leg raise is positive on the left and touch and pinprick sensation are dull. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/6/14 reveals left paracentral and lateral recess extrusion with impingement on the left nerve root and foraminal broad based protrusion. The current medications included MS Contin, Neurontin, Percocet and Soma. There is no urine drug screen report noted. The physician requested treatment included MRI (magnetic resonance imaging) Lumbar spine, with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Lumbar spine, with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** MRI of the lumbar spine on 8/6/14 showed findings resulting in left L4-S1 microdiscectomy surgery in October 2014. The patient had a repeat post-operative lumbar MRI on 2/4/15 had no recurrence disc herniation or nerve impingement. A provider had recommended conservative care. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (magnetic resonance imaging) Lumbar spine, with and without contrast is not medically necessary and appropriate.