

<b>Case Number:</b>	CM14-0146152		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 35 year old male who sustained injury to his low back on 03/12/12 while assisting a patient to get out of bed, the patient pulled on the injured worker, causing his left leg to further push against the bed railing, causing immediate pain in the low back and left lower extremity. The injured worker received chiropractic manipulation treatment and multiple epidural steroid injections. The injured worker is status post L4-5 and L5-S1 left hemilaminectomies. MRI of the lumbar spine dated 05/03/13 revealed disc degeneration with endplate alteration of bone marrow signal intensity at L4-5 3-4mm disc bulge, extending into the bilateral neural foramina; mild to moderate bilateral neural foraminal narrowing, left greater than right; mild central canal stenosis secondary to disc bulge and hypertrophic facet degenerative changes; superimposed on the disc bulge was a 3mm left paracentral disc protrusion causing left lateral recess marrow narrowing; L5-S1 status post laminotomy and microdiscectomy changes seen on the left side; 3-4mm central and left paracentral disc protrusion causing mild left lateral recess narrowing; mild bilateral neural foraminal narrowing; mild bilateral hypertrophic facet degenerative changes. Clinical note dated 09/04/14 reported that the injured worker continued to experience lumbar spine pain radiating into the bilateral lower extremities with pain, paresthesia and numbness. Physical examination noted spasm, tenderness and guarding in the paravertebral musculature; decreased sensation noticed bilaterally in the L5 and S1 dermatomes. The injured worker was diagnosed with lumbosacral radiculopathy and MRI of the lumbar spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** Previous request was denied on the basis that the medical file documents the injured worker is status post L4-5 and L5-S1 left hemilaminectomies on an unspecified date. There was a reported MRI scan of the lumbar spine on 05/03/13 which showed status post laminectomy and microdiscectomy at L5-S1. Documentation is needed regarding the dates of prior back surgeries and the indications for repeating MRI of the lumbar spine at this time. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that another surgical intervention was anticipated. There were no physical examination findings of decreased motor strength or increased reflex deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request for MRI without contrast of the lumbar spine is not indicated as medically necessary.