

<b>Case Number:</b>	CM13-0027274		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 Physician 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 patient is a 48 year old with an injury date on 8/5/11. Based on the 8/21/13 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar radiculitis (primary encounter diagnosis), 2. Low back pain, 3. Lumbar degenerative disc disease, 4. Muscle pain, and 5. Numbness. MRI of L-spine on 5/12/12 showed "Mild intervertebral disc degeneration without neural compression" at L2-3, L3-4, and L4-5, and a "Central right paracentral disc profusion. No direct neural compression" at L5- S1. [REDACTED] is requesting repeat MRI for the patient's L-spine. The utilization review determination being challenged is dated 9/5/13. [REDACTED] is the requesting provider, and he provided treatment reports from 2/13/13 to 2/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MRI LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOWER BACK, WEB EDITION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOWER BACK, PROTOCOLS.

**Decision rationale:** According to the 8/29/13 progress report by the treating provider, this employee presents with "low back pain that shoots down right leg. Pain is worse with sitting, bending, lifting, and laying down." The request is for repeat MRI of the L-spine. Review of the 4/22/13 report by the treating provider showed an epidural steroid injection was administered at right L5 and right S1, with 40% improvement in back but no relief in lower extremities. The 6/18/13 report recommended possible L5-S1 laminectomy and discectomy. Another treating provider, in his 8/21/13 report stated: "Given the ongoing complaints as well as failed attempts at conservative treatment and MRI studies from greater than one year ago, at this time we are requesting an updated MRI as the employee would like to consider surgical intervention as an option for improving current symptomatology." In reference to specialized studies, ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or caudal equine." The employee has not responded to conservative treatment and is considering surgical options. In addition, the employee's most recent MRI is outdated by more than a year prior to request. In this case, the treating provider has asked for updated MRI for the L-spine which is within ACOEM guidelines. Recommendation is for authorization.