

<b>Case Number:</b>	CM13-0038677		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier lumbar MRI imaging of April 2011, notable for multilevel spondylytic changes with severe compression of the right L5 nerve roots owing to disc dessication at that level and a 5-mm disk bulge at L3-L4; adjuvant medications; sacroiliac joint injection therapy; and work restrictions. In a Utilization Review Report dated September 24, 2013, the claims administrator denied a request for lumbar MRI imaging, stating that there was no documented significant change in symptoms. The applicant was using Celebrex, Lyrica, and Lidoderm for low back pain as of January 24, 2013. A 15-pound lifting limitation was in place as of that date. It was not clearly stated whether the applicant was working or not. In an October 3, 2013 progress note, the applicant was described as reporting persistent complaints of low back pain, 7/10. The applicant was reportedly working modified duty. It was stated that the applicant needed an updated MRI to be evaluated by spine surgeon. The applicant did have positive straight leg raising on the right and on the left with decreased sensorium noted about the right leg. 5/5 lower extremity strength was noted. The applicant was described as having a flare-up of radicular pain. The applicant is asked to obtain plain film imaging of the lumbar spine and MRI imaging of the same. Celebrex, Tylenol, Flexeril, and Lidoderm were renewed, along with a 15-pound lifting limitation. There was no mention of the applicant's considering or contemplating surgery. In a questionnaire dated October 3, 2013, the applicant acknowledged that she was in fact working modified duty. In an October 31, 2013 progress note, the attending provider reiterated her request for a lumbar MRI, stating that she needed to evaluate for any radiographic progression on the applicant's spine. The applicant was described as feeling worse and reporting

7/10 pain radiating to the legs with associated numbness and tingling appreciated about the same. The applicant again exhibited 5/5 lower extremity strength, however. Sensation was normal on exam, as were lower extremity reflexes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI WITHOUT CONTRAST OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS, LOW BACK COMPLAINTS, 308-310

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnosis is being evaluated. In this case, however, there is no clearly voiced suggestion or statement that the applicant was considering or contemplating any kind of lumbar spine surgery. There was no mention of the applicant's considering spine surgery or other interventional spine procedures. There was no suggestion or suspicion that the applicant had a red flag diagnosis such as cauda equina syndrome, fracture, tumor, infection, etc. Therefore, the request is not medically necessary.