

<b>Case Number:</b>	CM13-0060852		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 patient is a 42-year-old male with a date of injury of 02/04/2004. According to report dated 10/22/2013, the patient presents with continued low back pain. The back pain is 4/10 to 6/10. The patient has persistent numbness bilaterally, left greater than right, to the plantar feet and calves. He states that the numbness is increasing over time. Norco helps with pain and improves his sleep and activities of daily living and allows him to continue work. Examination of the lumbar spine revealed tenderness to palpation with spasm over the bilateral paravertebral musculature. There was moderate tenderness to palpation over the lower lumbar facet joints and sacroiliac joint, left side greater than right. Straight leg raise testing is positive on the left, eliciting radicular symptoms to the posterior thigh and calf.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A MRI OF THE LUMBAR SPINE WITH GADOLINUM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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), Low Back Chapter, MRI.

**Decision rationale:** For special diagnostics, ACOEM Guidelines page 303 states that unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now-chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Medical records show an MRI of the lumbar spine was taken in 2005 which revealed 1-2mm disc protrusion at L3-L5 and 3-4mm left posterolateral disc protrusion at L5-S1. Another MRI was done in 2007 which showed 4mm disc protrusion at L4-L5 with left foraminal stenosis. X-ray of the lumbar spine from 05/13/2013 documented decrease in disc height at the L5-S1 level. The treating physician is requesting a repeat MRI. In this case, the patient has had multiple imaging tests and it is unclear what another MRI is to accomplish. There is no new injury, no red flags, no neurologic deterioration, no surgical planning. Medical necessity is not established.

**A LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports

**Decision rationale:** The ACOEM guidelines page 301 on lumbar bracing states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines regarding lumbar support state that they are not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondyloisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with fracture, instability, or spondylolisthesis to warrant lumbar bracing. The patient does have nonspecific low back pain, but this has very low-quality evidence. Given the lack of support from the guidelines, medical necessity is not established.