

<b>Case Number:</b>	CM13-0071702		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine 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 54-year-old male who reported an injury on 03/17/2010; with the mechanism of injury unknown in the documentation provided. An MRI of the lumbar spine was done on 11/27/2013, which indicated grade 1 spondylolytic spondylolisthesis of L5 and S1 consistent with bilateral pars defect, disc desiccation at T12, L1-5, S1, Modic type 2 endplate degenerative changes at the superior endplate of L3, L4, and S1 and inferior endplate of L2, L3, and L5, hemangioma at L3 and straightening of the normal lumbar lordotic curvature. In the clinical note dated 12/19/2013, the injured worker complained of continued severe pain in his lumbosacral area, which radiated to his left buttock area. He denied any new accident or injuries. It was noted that the injured worker had not received a new lumbar brace and that his old lumbar brace was worn off. He reported that his lumbar brace gave him good pain relief and was looking to get another one to replace the old one. The prescribed medications were documented as Naprosyn 550 mg twice a day for breakthrough pain, tizanidine 4 mg at bedtime for muscle relaxation, and compound analgesic cream for symptomatic relief of pain. Upon the physical examination of the lumbar spine, it was noted that the injured worker had an abnormal gait secondary to pain, abnormal heel walk secondary to pain, and abnormal toe walk bilaterally secondary to pain. There were no motor strength deficits, sensation deficits, or range of motion deficits for the lumbar spine. It was noted that lumbar extension caused pain over the facet joints at left L5-S1. The diagnoses included lumbar spondylosis from L1-5, degenerative grade 1 anterolisthesis of L5 on S1, bilateral knee pain, likely osteoarthritis, status post right knee surgery arthroscopically, and right hip pain which was likely osteoarthritis versus right femoral external rotators tendonitis. The treatment plan included a request for bilateral L4-5 and L5-S1 medial branch block as a diagnostic test based on the patient's signs and symptoms of positive axial loading with local pain and no radicular symptoms to the bilateral lower extremities. It was

also noted that the injured worker had not responded to conservative treatments of medication and physical therapy for the last few months. The treatment plan also included the continuation of tizanidine 4 mg every night, the continuation of the compound analgesic cream, the continuation of Naprosyn 550 mg, a return to the clinic in 6 weeks for re-evaluation and further treatment management, and ThermoCool Hot and Cold Contrast Therapy with Compression. The Request for Authorization for bilateral L4-5 and L5-S1 medial branch block, ThermoCool Hot and Cold Contrast Therapy with Compression, tizanidine 4 mg , continued compound analgesic cream , and Naprosyn 550 mg was submitted on 12/27/2013. However, the request for authorization for a repeat MRI for the lumbar spine was not submitted.

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

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

#### **REPEAT MRI 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 PROBLEMS, MRIS (MAGNETIC RESONANCE IMAGING).

**Decision rationale:** The request for repeat MRI of the lumbar spine is non-certified. The Official Disability Guidelines (ODG) state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. In the clinical documentation provided for review, there lacked documentation of the physician requesting the repeat MRI of the lumbar spine. An MRI of the lumbar spine of the injured worker had been done on 11/27/2013. It was unclear in the documentation provided if any new symptomatology or pathology was noted after the MRI. Within the documentation of the physical examination, there was lack of evidence of neurologic deficits in the lumbar spine region. Also, there was a lack of documentation and rationale for the request of a repeat MRI. Therefore, the request for repeat MRI of the lumbar spine is not medically necessary and appropriate.