

<b>Case Number:</b>	CM13-0072719		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 54 year old with an injury date on 4/11/08. Patient was knocked over by pallets, inducing head, neck, shoulder, and lower back pain. Based on the 11/5/13 progress report the diagnoses are C-spine myoligamentous sprain/strain, cervical discopathy, L-spine myoligamentous sprain/strain, and lumbar disc protrusion L5-S1. Exam on 11/5/13 showed "normal gait, normal lumbar lordosis. No list, no soliosis. Moderate tenderness in lumbar paravertebral muscles, but no spasm. No tenderness in right and left sacroiliac joints, bilateral. Flexion to 45 degrees with increased lower back pain. Extension is to 5 degrees, with increase lower back pain. Right and left lateral bending is to 10 degrees with increased lower back pain. Straight leg raise to 5 degrees, bilaterally without pain in lower back." The 11/5/13 report states patient had MRI of L-spine on 6/28/08 with normal findings. The 9/24/13 report mentions an MRI of L-spine that is 2 years old, but no evidence of such MRI in records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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).

**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).

**Decision rationale:** According to the MTUS/ACOEM Guidelines, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." For uncomplicated low-back pain MRI's, the Official Disability Guidelines require documentation of radiculopathy not responding to conservative care, prior surgery or caudal equine. In this case, the treating physician has asked for an updated MRI of patient's L-spine due to persistent radicular symptoms but the treating physician mentions that the patient had an MRI couple year ago and a normal MRI from 2008. There is no new injury, no new neurologic findings or deterioration other than persistent symptoms. Furthermore, there is no pending or potential surgery to be considered. The request for a MRI of the lumbar spine is not medically necessary and appropriate.