

<b>Case Number:</b>	CM14-0000360		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 patient is a 52-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of August 20, 2008. The patient complains of moderate to severe low back pain radiating to the right lower extremity with numbness and tingling. Physical examination of the lumbar spine showed tenderness and spasm; limitation of motion; a positive straight leg raise test on the right at 50 degrees; and diminished sensation on the right L5-S1 nerve distribution. The diagnoses were lumbar radiculitis/radiculopathy and lumbar intervertebral disc disorder without myelopathy. The patient has completed 18 sessions of aquatic therapy without much improvement. Hence, an updated MRI for the lumbar spine was requested because of persistent symptomatology. Treatment to date has included oral analgesics, aquatic therapy, home exercise program, physical therapy and lumbar spine injections. Utilization review from December 17, 2013 denied the requests for MRI of the lumbar spine because the records did not indicate any presence of progressive neurologic deficits or significant change in symptoms and/or findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), LOW BACK COMPLAINTS,

**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 Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Low Back Chapter states that a lumbar MRI is the test of choice to evaluate patients with prior back surgery who have a significant change in symptoms and/or findings suggestive of significant pathology. The medical report dated 12/3/13 indicated that despite taking medications and completing 18 sessions of aqua therapy, the patient's symptoms had failed to significantly improve and that he continued to have moderate to severe low back pain with radiating pain, and numbness and tingling, involving his right lower extremity. The exam findings were not provided for this report; however, the 7/30/13 medical report documented a positive right straight leg raising, very significant reduction in range-of-motion of the lumbar spine in all planes, and decreased sensation over the right L5-S1 dermatome. Since the medical records do document significant subjective and objective neurologic findings for this patient, the medical necessity has been established. Therefore, the request for a MRI for the Lumbar Spine is medically necessary.