

<b>Case Number:</b>	CM14-0002702		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine & 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 50 year old female who was injured on 05/05/2005. Prior treatment history has included the following medications: Metformin, Opana, Ambien, Gabapentin, Omeprazole and Hydrocodone (Norco). The patient has undergone a lumbar medial branch nerve radiofrequency rhizotomy on the right L5, L4, L3 and L2 levels. A PR-2 dated 10/10/2013 documented the patient with complaints of persistent low back pain having at least 50% reduction in pressure type of pain post lumbar medial branch. No radiofrequency rhizotomy treatment on the left. She does have some residual hip pain which she describes as throbbing type of pain associated with tightness. Her pain is usually worse with walking and standing. Her burning pain was improved post lumbar medial branch. Objective findings on exam reveal spasm is noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Stiff and antalgic gait is noted on the right. A progress note dated 12/06/2013 requests authorization for an MRI scan without contrast of the lumbar spine. A progress note dated 01/09/2014 documented the patient has persistent low back and hip pain 67/10 in severity, which she described as constant achy type of pain with burning pain. Her pain is worse on the right side radiating up to the right foot. Her low back pain is aggravated with standing and walking and her right leg gives out intermittently. Objective findings on exam reveal dysesthesia noted to light touch in the right L5 more so than S1 dermatome. Right EHL and ankle dorsiflexion is about 4-/5. Limited mobility noted in the lumbar spine. A UR report dated 12/26/2013 denied the request for an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI SCAN W/O GADOLINIUM OF LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Low Back Complaints, Special Studies and Diagnostic C. Decision based on Non-MTUS Citation ODG.

**Decision rationale:** The ACOEM and Official Disability Guidelines recommend MRI imaging studies for patients with radiculopathy, prior back surgery, severe or progressive neurologic deficits, and back pain for at least one month duration that has not responded to conservative measures. Repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. The medical records document that the patient has had three MRIs since time of injury, and her exam has not changed significantly over time. Further, the documents show no findings indicating significant pathology that would justify a repeat MRI at this time. The request is not medically necessary and appropriate.