

<b>Case Number:</b>	CM14-0002738		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/15/2008
<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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of December 15, 2008. A utilization review determination dated December 26, 2013 recommends non-certification for a lumbar spine MRI (magnetic resonance imaging). Non-certification is recommended due to a lack of documentation of subjective complaints or objective neurologic findings suggestive of new pathology since the prior lumbar MRI. A progress report dated December 4, 2013 identifies subjective complaints including low back pain which radiates into the right lower extremity. Physical examination reveals tenderness to palpation in the parrot lumbar region with guarding, limited range of motion, and positive straight leg raise. The note indicates that there is no indication of acute neurologic deficit noted to the lower extremities. The diagnoses include lumbar disc disease. The treatment plan recommends physical therapy modalities for the lumbar spine 2 times per week for 5 weeks and a lumbar MRI. The note indicates that the patient's previous MRI was performed on 2009 and the patient has "continuing symptoms."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE, PER REPORT DATED 12/4/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, MRI.

**Decision rationale:** Regarding the request for lumbar MRI (magnetic resonance imaging), the ACOEM guidelines state that 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 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. The Official Disability Guidelines (ODG) states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Regarding repeat imaging, the ODG [REDACTED] state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.