

<b>Case Number:</b>	CM14-0108501		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an in 01/12/2012 due to an unknown mechanism. The injured worker was diagnosed with bulging lumbar disc, thoracic radiculopathy and lumbar radiculopathy. The injured worker performs relaxation and stretching exercises for pain relief at home. She also uses ice and heat to help alleviate pain. The injured worker received a Toradol injection for pain during an office visit on 02/17/2014. A transforaminal epidural steroid injection was noted without site location and date during an office visit on 02/17/2014; efficacy was not documented. Drug urinalysis was conducted on 04/04/2014 indicating the injured worker was consistent for current medications. The injured worker saw her physician on 05/12/2014. The injured worker presented with low back pain describing it as stabbing and sharp. She stated the pain radiated down her right leg to the thigh laterally. She stated that activity increased her pain. She denied any significant changes in pain. She stated that her pain was severe without medication and moderate with pain medication. She denied any significant side effects. She stated she was miserable on a daily basis and she stated she could not work due to her back pain. Pain was affecting activities of daily living including work. The physician noted the injured worker was alert and oriented. The cervical spine showed full range of motion. The thoracolumbar spine demonstrated full range of motion bilaterally. The lumbosacral spine exhibited tenderness to palpation, decreased range of motion, and pain to the lumbosacral spine elicited by motion. Extension, flexion, rotation to the right and left elicit pain to the lumbosacral spine. There was no weakness of the lumbar spine or the lower extremities. Physician notes gait is normal. The injured worker is prescribed oxycodone HCL, Soma and Zoloft. The injured worker will continue with current medications. Upon approval, the injured worker will be scheduled for a lumbar medial branch block. The physician encouraged the

injured worker to continue nonpharmacological modalities by alternating ice and heat, stretching and relaxation for pain relief at home. The Request for Authorization form and its rationale were not provided for review at this time.

### **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 without Contrast.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine without contrast is not medically necessary. The California MTUS/ACOEM guidelines state, 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. MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. The guidelines state using imaging tests before 1 month in absence of red flags is not recommended. On 05/12/2014, the lumbosacral spine exhibited tenderness to palpation. Lumbosacral spine range of motion was limited, there was pain to the lumbosacral spine elicited by motion, extension, flexion, rotation to the right and left elicit pain to the lumbosacral spine. There is a lack of documentation indicating the injured worker has significant objective findings of neurologic deficit. No objective documentation indicated cauda equina, tumor, infection or fracture was strongly suspected and plain film radiographs were not provided. As such, the request is not medically necessary.

#### **MRI of the Thoracic Spine without Contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an MRI of the thoracic spine without contrast is not medically necessary. The California MTUS/ACOEM guidelines note imaging studies are recommended in the presence of red flags and when there is physiologic evidence of tissue insult or neurologic dysfunction. The guidelines recommend imaging when patients fail to progress in a strengthening program intended to avoid surgery and when there is a need to clarify anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. On 05/12/2014, the physician provided no objective documentation of red flags for fracture or neurologic deficit associated with acute trauma, tumor or infection. The physician

only noted activities of daily living were limited associated with pain and the thoracolumbar spine demonstrated full range of motion bilaterally. As such, the request is not medically necessary.