

<b>Case Number:</b>	CM14-0012435		
<b>Date Assigned:</b>	06/02/2014	<b>Date of Injury:</b>	06/09/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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, has a subspecialty in Interventional Spine, 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 49-year-old male with date of injury of 06/09/2003. The listed diagnoses per [REDACTED] 12/19/2013 are: 1. Chronic intractable low back pain, status post lumbar fusion, 2005 2. Right knee pain, status post 3 surgeries (1999, 2001, and 2003) 3. L4-L5, L5-S1 radiculopathy. According to this report, the patient underwent a functional restoration program evaluation on 12/18/2013 which recommended 160 hours in a functional restoration program. He states that his pain levels have been very good with the increase of his fentanyl patch. Currently, he is wearing a fentanyl patch every 3 days, and he is managing his breakthrough pain with Norco 10/325 mg. He states his pain level has been 4/10 on a good day and 8/10 on a bad day. He also states he slowly increased Lyrica to 150 mg and feels that his right lower extremity pain has improved as well, and he has less burning and tingling down his right leg. He denies any side effects to these medications. The objective finding shows the patient is alert, oriented, well developed, in no acute distress. He ambulates with an antalgic gait. The lumbar exam shows paraspinal muscles are tight, and trigger points are palpated bilaterally. Forward flexion is limited secondary to pain, and side bending is just above the fibular heads bilaterally. Lower extremity exam is 5/5 for the right lower extremity and 4/5 for left dorsiflexion at the ankle and hip flexion, and 5/5 for all other lower extremity muscles. Straight leg raise is negative on the right and positive on the left. Patrick's test is equivocal on the left and FABER's test is negative on the right and positive on the left. Sensory exam reveals decreased sensation in the L4-L5 and L5-S1 distribution on the left lower extremity to both pinprick and light touch. Deep tendon reflexes are 2+ on the right at the patella and Achilles and 1+ on the left at the patella and Achilles. Pulses are palpable and no edema is noted. The utilization review denied the request on 01/21/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MRI OF THE LUMBAR SPINE WITHOUT GADOLINIUM CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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) ODG on MRIs (magnetic resonance imaging).

**Decision rationale:** This patient presents with chronic low back pain and right knee pain. The patient is status post lumbar fusion and 3-knee surgeries. The treater is requesting an MRI of the lumbar spine without gadolinium contrast. The ACOEM Guidelines page 303 on MRI for the lumbar spine states, "An equivocal objective finding that identifies specific compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatments 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." ODG Guidelines further states that it is recommended as a choice for patients with prior back surgery. But for uncomplicated low back pain with radiculopathy, it is not recommended until after at least 1 month of conservative therapy, sooner if there is severe progressive neurologic deficit. The review of records show that the patient's last MRI was performed on 05/12/2006 but the report is not available for review. The report dated 12/19/2013 only notes some sensory changes, positive SLR and some trigger points. The patient does not present with any new neurologic changes, new injury or significant clinical changes in symptoms to warrant an updated MRI. The request is not medically necessary.