

<b>Case Number:</b>	CM14-0013733		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

Patient is a 28-year-old who has submitted a claim for lumbosacral myoligamentous chronic sprain syndrome with probable radiculopathy, insomnia, and mild depression associated with an industrial injury date of April 20, 2012. Medical records from 2013 - 2014 were reviewed. The patient complained of back pain graded 3-8/10 in severity, radiating towards bilateral lower extremities. He denied numbness, tingling sensation, or weakness. Patient had difficulty in prolonged standing, sitting, or walking. Physical examination on of the lumbar spine showed tenderness, muscle spasm, and limited range of motion. Sciatic stretch test bilaterally was positive. Physical examination of the lower extremities revealed weakness of left iliopsoas, left quadriceps, left hamstrings, and left tibialis anterior. Atrophy was present at right calf area. Deep tendon reflexes of lower extremities were graded 1 to 2+. Treatment to date has included physical therapy, use of a TENS (transcutaneous electrical nerve stimulation) unit, and medications such as, Advil, and Tylenol. Utilization review from January 23, 2014 denied the request for MRI of the thoracic spine because of no progression of complaints and physical exam findings at the upper back area; denied MRI of the lumbar spine because there were no positive neurological findings; and denied MRI of bilateral hips because there were no complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**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 (ODG), Low Back Chapter, MRI.

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least one month of conservative therapy. In this case, patient complained of low back pain, however, there was no documentation concerning pain complaints at the upper back area. There was no available comprehensive examination pertaining to the thoracic spine. There is likewise no evidence of new injury or trauma to the spine, which may warrant diagnostic imaging. Therefore, request for MRI of the thoracic spine is not medically necessary or appropriate.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 (ODG) Low Back Section, MRI.

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of persistent low back pain radiating to bilateral lower extremities, despite physical therapy and intake of medications. Objective findings revealed positive sciatic stretch test bilaterally, weakness of left lower extremity muscles, and hyporeflexia of bilateral lower extremities. Moreover, treatment plan includes possible epidural steroid injection depending on MRI results. The medical necessity was established. Therefore, the request for an MRI of the lumbar spine is medically necessary and appropriate.

**MRI of the bilateral hips:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips & Pelvis, Imaging.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG Hips & Pelvis Chapter states that MRI seems to be the modality of choice for the next step in evaluation of select patients in whom plain radiographs are negative and suspicion is high for occult fracture. Plain radiographs are usually sufficient for diagnosis as they are at least 90% sensitive for hip fracture. In this case, progress reports failed to document subjective complaint pertaining to both hips. No comprehensive physical examination was likewise available for review. Moreover, utilization review cited that MRI of both hips was accomplished in the past, with normal findings. The official result was likewise not made available. There is no compelling indication for a repeat MRI at this time. Therefore, the request for an MRI of bilateral hips is not medically necessary or appropriate.