

<b>Case Number:</b>	CM14-0112922		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Family 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:

The patient is a 52 year-old man who was injured at work on 3/7/2012. The injury was primarily to his lower back. He is requesting review of denial for an MRI of the Lumbar Spine. Medical records corroborate ongoing care for his injuries. His chronic diagnoses include lumbosacral Sprain/Strain, with MRI Evidence of L4-5 Disc Protrusion. His medications have included Tizanidine, Omeprazole, Naproxen, Tramadol, Vicodin and Orphenadrine. Other treatments have included physical therapy, epidural corticosteroid injections, and work restrictions. A repeat MRI was requested by the treating physician for the following reason: "It has been one and one half years since his last MRI. I am recommending a repeat MRI of the lumbar spine be obtained to be sure there is no pathology I am missing." Physical examination at this visit indicated intact sensation in the lower extremities, full motor strength, a negative sciatic tension test, no evidence of muscle atrophy, and normal (symmetric) deep tendon reflexes.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, MRI.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the assessment of lower back complaints. These guidelines state that clinicians should search for the presence of red flags for potentially serious low back conditions. The Official Disability Guidelines (ODG) also comments on the indications for repeat MRI. The ODG state that "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Furthermore, the ODG provide indications for imaging with MRI. These indications for magnetic resonance imaging includes thoracic spine trauma: with neurological deficit; lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); uncomplicated low back pain, suspicion of cancer, infection, other "red flags"; uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; uncomplicated low back pain, prior lumbar surgery; uncomplicated low back pain, cauda equina syndrome; myelopathy (neurological deficit related to the spinal cord), traumatic; myelopathy, painful; myelopathy, sudden onset; myelopathy, stepwise progressive; myelopathy, slowly progressive; myelopathy, infectious disease patient; and myelopathy, oncology patient. In this case, the records indicate that the patient has no red flag symptoms that would warrant reimaging. There are no complaints in the documented history to suggest new pathology. Further, the physical examination documented normal strength, sensation, deep tendon reflexes, or other signs suggesting serious pathology (e.g. muscle atrophy, straight leg raise, sciatic tension). Based on the documented normal examination and absence of red flag symptoms, a repeat MRI is not considered medically necessary.