

<b>Case Number:</b>	CM14-0128897		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 North Carolina. 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 67-year-old with a reported date of injury of 02/03/199 that occurred as a result of an assault at work. The patient has the diagnoses of multilevel lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet osteoarthritis, right knee degenerative joint disease status post surgery and sacroiliitis. Previous MRI in 2008 showed L2/3 and L3/4 minimal disc bulge and bilateral facet degenerative disease. Previous treatment modalities have included facet joint injections and rhizotomy. Per the requesting physician's progress notes dated 07/21/2014, the patient had complaints of back pain and leg pain, right worse than left. The physical exam noted 4/5 bilateral quadriceps and tibialis anterior muscle strength. Treatment recommendations included x-rays and MRI.

### 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:** 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 Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

**Decision rationale:** The ACOEM chapter on low back complaints and special diagnostics states: 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 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. The included documentation does not show unequivocal objective findings of nerve compromise. There is also no indication of cauda equina syndrome, infection, tumor or fracture. There is also no documentation of red flags on exam. For these reasons ACOEM guidelines for imaging have not been met and the request is not medically necessary and appropriate.