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| <b>Case Number:</b>   | CM14-0139789 |                              |            |
| <b>Date Assigned:</b> | 09/08/2014   | <b>Date of Injury:</b>       | 03/10/2011 |
| <b>Decision Date:</b> | 10/03/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2014 |

### 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:

The claimant injured his neck and low back on 03/10/11 and his mechanism of injury is cumulative and repetitive trauma. A repeat MRI of the lumbar spine is under review. He is status post MRI of the thoracic spine and underwent a cervical fusion in 02/13. After that he reported low back and left leg pain. An MRI scan dated 09/13/13 described diffuse degenerative changes with spondylosis but no foraminal or central stenosis was present. He has had first rib and shoulder surgeries in the past. He was approved for a course of PT for his low back in late 2013 and was treated for a sprain. He also attended treatment with a chiropractor which he stated helped. No focal neurologic deficits appear to have been described until 05/13/14. He saw [REDACTED] for a second opinion on that date and he had swelling in the back of his leg with walking and had numbness in the buttock that increased with his activities. His pain radiated from his low back to his anterior groin and he had an aching sensation. There was some right-sided mid back pain. He had a nonantalgic gait and could heel and toe walk. He had neutral posture. There was no atrophy and his coordination was good. Sensation was diminished to light touch in the left posterior buttock and knee. Reflexes were symmetric at the knees and ankles. Straight leg raise was described as positive on the left but it is not fully described as causing radicular pain and he had mildly decreased strength of the tibialis anterior and EHL. He was diagnosed with lumbar stenosis. A repeat MRI, L4-5 epidural steroid injection, and PT were recommended for the neck and back. He saw [REDACTED] on 06/19/14. His low back pain radiated down the left posterior thigh. He had a history of lumbar stenosis at L4-5 and L5-S1 with an annular tear at L5-S1. He was taking several medications. Physical examination revealed a brisk gait with good coordination and mild pain on palpation of the low back. Sensation and reflexes were intact. Straight leg raise was negative bilaterally and there was no muscular atrophy in the quadriceps. His back pain was reproduced with lumbar

extension. X-rays in September 2013 revealed multilevel spondylosis with degenerative changes but no spondylolisthesis or scoliosis. A lumbar spine MRI on 09/16/13 revealed L3-S1 degenerative changes with facet arthropathy maximally at L5-S1 with right greater than left facet arthropathy. He was diagnosed with a lumbar sprain. A repeat MRI was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (magnetic resonance imaging) without contrast, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical and Thoracic Spine Disorders; section on Magnetic Resonance Imaging

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

**Decision rationale:** The history and documentation do not objectively support the request for a repeat MRI in the absence of clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment for the claimant's current complaints. The MTUS state "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). Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007)"In this case, there is no evidence of new focal neurologic deficits that have not responded to a course of conservative treatment. Multiple office notes document no focal deficits until 05/13/14. On that date, there are focal findings but PT was also recommended along with an MRI and ESI. There is no evidence, therefore, that conservative care had been completed or attempted and failed prior to a repeat MRI being recommended. The specific indication for this study has not been clearly described and none can be ascertained from the records. A course of treatment in PT was recommended on 05/13/14 but there is no documentation as of 06/19/14 when he saw [REDACTED], or at any time after that, that it had been completed or attempted and the claimant failed to improve. The medical necessity of the repeat MRI of the lumbar spine has not been demonstrated.

