MAXIMUS Federal Services

| Case Number: | CM14-0150394 | | |
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| Date Assigned: | 09/22/2014 | Date of Injury: | 09/29/2011 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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 was injured on 09/29/11. An MRI of the lumbar spine is under review. He reportedly was injured taking out a 40 pound tray of chicken. He underwent left shoulder surgery in 2011. He has also had acupuncture, physical therapy (PT), lumbar epidural injections, lumbar bracing, and medication. On 06/11/14 he had an initial orthopedic surgical consultation. He had bilateral leg pain and neck pain. He was having increasing back pain with spasms and radiation to both lower extremities and increased pain with ambulation, prolonged sitting, standing, and walking and pain radiating to the calf and heel. He had increased pain with coughing and sneezing. Physical examination revealed flattening of the lordosis with diffuse spasm and there was tenderness. He had good strength of the quads and weakness over the right EHL and foot eversion. Reflexes were absent in the lower extremities bilaterally. He apparently had an EMG that revealed evidence of radiculopathy. An updated MRI was recommended. It was done on 06/21/14. He reportedly had an epidural injection that only helped for 2 weeks. He was an excellent candidate for decompression. He has not responded to conservative care including medications and physical therapy. He complained of increasing low back pain on 07/16/14 and had tenderness to palpation with spasm and sciatic notch tenderness. He had a positive straight leg raising test, but it is not described. A laminotomy and decompression at L3-S1 were recommended along with medication. A pain management consultation and internal medicine consultation were requested. The provider who saw him indicated that he has mechanical back pain. MRI was reviewed and showed disc desiccation L3 to the sacrum. There were protrusions at L3-4 through L5-S1 with critical stenosis at L4-5 and L5-S1. Flexion-extension radiographs revealed no evidence of slippage. He was diagnosed with lower extremity claudication, status post protrusion, spinal stenosis, and injuries to his cervical spine and shoulder. He complained of increasing back pain to the point of incapacitation and had difficulty

with prolonged sitting, standing, or walking. He also had claudication. His legs were bothering him more than his back. Repeat MRI had been obtained after the last visit and was available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Magnetic Resonance Imaging

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

**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. The MTUS guidelines state, "Order CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." The ODG states, "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)." Surgery has already been recommended based on his history and findings. There is no evidence that a new problem has been identified and there is no evidence of new symptoms or physical findings. The specific indication for this study has not been clearly described and none can be ascertained from the records. The medical necessity of this repeat MRI of the lumbar spine has not been demonstrated.