MAXIMUS Federal Services

| Case Number: | CM14-0155774 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 10/01/2008 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 64 year old male with an injury date on 10/01/2008. Based on the 09/03/2014 progress report provided by [redacted], the diagnoses are: 1. Lumbar degenerative disc disease with contractible low back pain and radiculopathy secondary to industrial injury 2. RSD left lower extremity secondary to industrial injury 3. Short acting opioid treatment 4. Insomnia secondary to pain 5. Depression secondary to chronic pain 6. Anxiety 7. Situational stress secondary to problem with coverage of medications by workers comp carrier. According to this report, the patient complains of low back and leg pain; "About the same as usual, no change." "Patient is able to sit 15-20 minutes, stand 30 minutes, walk 15-20 minutes, sleep he is up 7-8 times, sometimes more, a night secondary to pain." Examination reveals pain level today is 7/10, "pain never lower then 7/10 and sometimes higher than 7/10." Subjective and objective findings were not included in the report for review. The 08/04/2014 report indicates "left foot has been worse than usual. Using Lidoderm patches with much relief." Pain is rated at a7-8/10. There were no other significant findings noted on this report. The utilization review denied the request on 09/18/2014. [redacted] is the requesting provider, and he provided treatment reports from 05/20/2014 to 09/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 Online Version

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under MRI

**Decision rationale:** According to the 09/03/2014 report by [redacted] this patient presents with low back and leg pain; "About the same as usual, no change. "The treater is "re-requesting for MRI of the lumbar spine. Patient has worsening lower back pain with radiation that now goes into the buttocks through the hip as well as paresthesias into the left foot." The utilization review denial letter states "Lumbar mri on 05/30/2013 showed L5-S1 post-operative changes and disc degeneration" and "there is no documentation of significant change in clinical condition that warrants repeating lumbar mri at the present time. "Review of available records do not show prior MRI report or discuss on prior MRI. In this case, the patient presents with radicular pain down the leg. However, there were no neurologic deterioration such as progressive weakness; no red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; no significant change in examination; no new injury to warrant an updated MRI. Recommendation is for denial.