

<b>Case Number:</b>	CM14-0156237		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/03/1970
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 New Jersey. 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 worker is a 72 year old male who was injured on 2/3/1970. He was diagnosed with lumbar spinal stenosis. He was treated with opioids, topical analgesics, surgery (lumbar), and physical therapy. He has a medical history of smoking daily, half a pack per day and had diabetes mellitus. On 8/26/14, the worker was seen by his treating physician for a follow-up complaining of low back and groin with lower extremity weakness/numbness/pain that had worsened since completing physical therapy recently, rated at 10/10 on the pain scale. Physical examination revealed mild lumbar paraspinal muscle spasm, negative straight leg raise, normal forward lumbar flexion, normal reflexes, normal strength, no wasting or fasciculation's, and normal sensation. He was then recommended to get a repeat MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, although subjectively he presented with complaints that suggested neurological compromise, objectively via physical examination findings there was not any evidence of such. The worker also has risk factors such as his history of smoking (arterial disease) and diabetes (diabetic neuropathy) that may independently cause weakness or pain and numbness. Without clear objective signs of neurological compromise, imaging is not likely to be helpful in the management of this worker, in the opinion of this reviewer. Therefore, the lumbar MRI is not medically necessary.