

<b>Case Number:</b>	CM14-0157286		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Illinois. 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 injured worker is a 33 year old morbidly obese male with a date of back injury of February 3, 2014. He also has a recent knee injury. He continues to have sharp 4/10 to 6/10 low back pain with radiation to the right leg and tightness in the right posterior hip/piriformis, worse with sitting. The medical records were reviewed. Exam is notable for paraspinal tenderness in the lumbar area, muscle spasms, and decreased back range of motion. A urine drug screen from June 26, 2014 was negative in that there were no medications prescribed and none were detected. Subsequent to the urine test, the worker was placed on Norco, Tramadol, and Vicodin, but had stomach upset and burning. In a note from August 4, 2014, the worker stated his pain was improving. The magnetic resonance imaging scan of July 31, 2014 showed multiple disc protrusions and multilevel facet joint arthropathy. However, according to the attached notes, a conversation with the attending physician on September 8, 2014 indicated that the lumbar spine magnetic resonance imaging was repeated because of poor quality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI (magnetic resonance imaging) of the Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 2014 Online

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging)

**Decision rationale:** Per the American College of Occupational and Environmental Medicine guidelines, for most workers presenting with low back problems, special studies are not needed. Magnetic resonance imaging of the lumbar spine is indicated for lumbar disk protrusion, cauda equina syndrome, spinal stenosis, and post-laminectomy syndrome. It is also the test of choice in individuals with prior back surgery. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. Tests are supported for nerve root compression with radiculopathy in the presence of progressive weakness. This determination is also supported by the Official Disability Guidelines, which indicate repeat magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (such as tumor, infection, fracture, neuro-compression, recurrent disc herniation). The note from August 4, 2014 states the worker indicated his pain was improving. There is also a note stating that a conversation with the attending physician on September 8, 2014 indicated that the lumbar spine magnetic resonance imaging scan was repeated because of poor quality. Therefore, there is no indication for a repeat magnetic resonance imaging scan and the request is not considered medically necessary.