

<b>Case Number:</b>	CM14-0159680		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Preventive 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:

According to the records made available for review, this is a 63-year-old male with an 11/1/00 date of injury. At the time (8/25/14) of request for authorization for lumbar MRI, there is documentation of subjective (chronic persistent low back pain that is gradually worsening, with radiation to the left lower extremity) and objective (tenderness to palpation over the lumbar spine and over the L4-5 and L5-S1 facet joints bilaterally, decreased lumbar range of motion, and worsening sensory changes along the left lower extremity) findings, imaging findings (MRI of the lumbar spine (1/14/13) report revealed moderate facet degenerative joint disease and disc height loss with moderate narrowing of the subarticular gutters and neural foraminal outlets at L5-S1; and a 3 mm disc protrusion with slight crowding of the traversing right L5 nerve root in the subarticular gutter, disc dehydration, height loss and annular fissuring at L4-5), current diagnoses (cervical disc displacement without myelopathy, degeneration of lumbosacral disc, lumbar spinal stenosis, lumbar disc displacement without myelopathy, lumbago, and fibromyalgia), and treatment to date (physical therapy, injections, medication, and home exercise program). 9/15/14 medical report identifies a request for lumbar MRI to evaluate for worsening lumbar pain and determine appropriate treatment (injections versus surgery).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, degeneration of lumbosacral disc, lumbar spinal stenosis, lumbar disc displacement without myelopathy, lumbago, and fibromyalgia. In addition, there is documentation of a previous lumbar MRI performed on 1/14/13. However, given documentation of subjective findings (chronic persistent low back pain that is gradually worsening, with radiation to the left lower extremity), objective findings (tenderness to palpation over the lumbar spine and over the L4-5 and L5-S1 facet joints bilaterally, decreased lumbar range of motion, and worsening sensory changes along the left lower extremity), and a request for lumbar MRI to evaluate for worsening lumbar radiculopathy and determine appropriate treatment (injections versus surgery), there is documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for lumbar MRI is medically necessary.