

<b>Case Number:</b>	CM14-0178948		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/25/2006
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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 injured worker (IW) is a 77-year-old man who fell off a 10-foot ladder onto his back on May 26, 2006. He was diagnosed with fractured spine. On March 14, 2007, he underwent a bilateral lumbar decompression and fusion at L4-L5 and L5-S1. He did well after surgery for more than 7 years. Pursuant to the progress note dated September 19, 2014, the IW complains of low back and buttocks pain. The pain is better with rest and topical creams, and worse with walking. Physical examination reveals sciatic notch tenderness on the right buttock. There was no buttock pain to light and deep palpation. Flexion was 70 degrees, extension 20 degrees, bilateral rotation and bending with pain and discomfort. Strength was 5/5 throughout bilaterally. There was decreased sensation in the left lower extremities, but was intact on the right. There is no documentation of new injuries. The physician has recommended plain film x-rays and MRI of the back. There were no diagnostic imaging results in the medical record. Current medications were not documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** 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), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic Resonance Imaging

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. The guidelines provide indications for magnetic resonance imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, compression, and recurrent disc herniation). MRIs of the test of choice for patients with prior back pain, but for uncomplicated low back pain with radiculopathy. It is not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the injured worker is seven years post-operative procedure for decompression and fusion L4 - L5 and L5 - S1. The injured worker did well from 2007 to 2010. The injured worker presents in September 19, 2014 note with pain and discomfort. The treating physician recommended plain films and follow-up MRI. The results of the plain films lumbar spine were not in the medical record. Additionally, it is unclear whether there has been a significant change in symptoms or findings compatible with significant pathology. Consequently, MRI evaluation of the lumbar spine is not medically necessary. Based on the clinical information in the medical record, there is no documentation of the initial lumbar plain film, a detailed description of the change in symptoms, if any, and whether findings were suggestive of significant pathology. The MRI of the lumbar spine is not medically necessary.