

<b>Case Number:</b>	CM14-0179266		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	12/09/2014	<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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 61-year-old female with an injury date of 04/05/2012. Based on the 10/01/2014 progress report, the patient complains of back pain which radiates from her lower back down to her left leg. She has left leg numbness that extends from her lower back. The patient has an antalgic gait and a restricted range of motion for the lumbar spine. On palpation, paravertebral muscles, hypertonicity, spasm, and tenderness is noted on the left side. Spinous process tenderness is noted on L4 and L5. The patient cannot walk on heel or on toes. Lumbar facet loading is positive on the left side. There is dysesthesias with palpation to the left lumbar region and tenderness noted over the sacroiliac spine. The 10/28/2014 report indicates that the patient reports her pain as a 4/10 with medications and a 7/10 without medications. The 07/16/12 MRI of the lumbar spine revealed the following: 1. L1-L2: Congenitally small central canal due to short pedicles, but no central or foraminal stenosis. 2. L2-L3: Mild facet and ligamentum flavum hypertrophy and epidural lipomatosis with mild annular bulge into the foramina causing mild central and foraminal stenosis. 3. L3-L4: Moderate facet and ligamentum flavum hypertrophy and mild annular bulge into the foramina causing mild central and foraminal stenosis. 4. L4-L5: B/L facet joint effusions with 4-mm facet gaps and moderate facet arthropathy. Mild disk spur complex contributing to moderate central and foraminal stenosis. 5. L5-S1: Severe facet and ligamentum flavum hypertrophy with bilateral facet joint effusions. 3-mm right facet gap. 1-mm left facet gap. Epidural lipomatosis narrows the thecal sac with no significant central stenosis. 2-3 mm broad-based disk bulge/protrusion into the right foramina contacting the exiting right L5 nerve root but not impinging it. Mild left foraminal stenosis. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Low back pain. 3. Lumbar facet

syndrome. The utilization review determination being challenged is dated 10/09/2014. There were 2 treatment reports provided from 10/01/2014 and 10/28/2014.

### **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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs

**Decision rationale:** Based on the 10/01/2014 progress report, the patient complains of having back pain which radiates from her lower back down to her left leg. The request is for an MRI of the lumbar spine. The report with the request was not provided. The patient previously had an MRI of the lumbar spine on 07/16/2012. ACOEM Guidelines chapter 12 page 303 state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, there is no discussion provided as to why an MRI of the lumbar spine is needed. Examination does not reveal any new neurologic deficits, new injuries, no significant change in symptoms, and no new red flags to warrant another MRI. The request is not medically necessary.