

<b>Case Number:</b>	CM14-0181901		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/16/1989
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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:

This is a patient with a date of injury of March 16, 1989. A utilization review determination dated October 22, 2014 recommends noncertification of an MRI of the lumbar spine. Noncertification was recommended since the physical examination did not reveal any neurologic deficits or findings suggestive of significant pathology to warrant a repeat MRI. A progress report dated June 10, 2014 states that the patient is scheduled to see a surgeon in the [REDACTED] on July 24, 2014. He complains of low back pain rated as 2/10. He is only able to stand for 5 minutes before experiencing excruciating pain. His current medication is helping. Physical examination findings reveal restricted range of motion in the lumbar spine with normal motor exam and normal neurologic exam. Diagnoses include lumbar spine pain, degenerative disc disease, and sciatica. The treatment plan recommends continuing a back brace, H wave, walker, cane, and current medications. A history and physical dated September 18, 2014 states that the patient has previously undergone L4-5 and L5-S1 microdiscectomy with some improvement followed by gradual worsening. Physical therapy has been ineffective and epidural steroid injections were ineffective. Physical examination findings reveal normal neurologic examination of the patient's lower extremities. The note indicates that an MRI of the lumbar spine was performed 1 1/2 years ago but was not available for review. The assessment and plan states that the patient has discogenic low back pain. An MRI of the lumbar spine is recommended as well as a full spine series of x-rays. A progress report dated September 30, 2014 states that the patient was refused surgical consultation since the MRI was too old. The treatment plan recommends an MRI and x-rays as suggested by the previous history and physical.

### 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 with and without contrast, including thoracolumbar junction:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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), Low Back Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, it is unclear whether the patient has exhausted conservative treatment for his complaints. There is no documented physical examination of the patient's lumbar facet joints, sacroiliac joints, or paraspinal musculature to determine whether they may be contributing to the patient's axial low back pain. If conservative treatment directed towards these potential pain generators has not been completed, then surgical intervention would not be warranted. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.