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| <b>Case Number:</b>   | CM14-0184276 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 08/18/2014 |
| <b>Decision Date:</b> | 12/18/2014   | <b>UR Denial Date:</b>       | 10/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2014 |

### 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 and 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 53 year old with an injury date on 8/18/14. The patient complains of unchanged low lumbar pain radiating into right leg with left wrist pain, and right knee pain per 10/16/14 report. The 9/9/14 report states right leg has numbness as well. Chiropractic treatment has provided temporary relief but then has returned to baseline per 10/16/14 report. Based on the 10/16/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar s/s with radiculitis, rule out IVD syndrome 2. left wrist, right knee s/s Exam on 10/16/14 showed "L-spine range of motion decreased by 50% with Hyposensitive right L4-S1 dermatomes." The 9/9/14 report shows "straight leg raise = lower back pain." Patient's treatment history includes medication, chiropractic treatments (6 completed). The treating physician is requesting MRI of the lumbar spine. The utilization review determination being challenged is dated 10/24/14 and denies request as straight leg raise was positive for low back pain but not radiculopathy. The requesting physician provided treatment reports from 9/9/14 to 10/16/14.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, LLC; Corpus Christi, TX' [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back

**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) Lower Back Chapter, Protocols

**Decision rationale:** This patient presents with lower back pain, left wrist pain, and right knee pain. The physician has asked for MRI of THE LUMBAR SPINE on 10/16/14 "as [patient has] failed conservative care." A review of the reports does not show any evidence of MRIs being done in the past. ACOEM guidelines 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false/positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. In this case, the patient complains of radicular symptoms down the right leg, and exam findings show hyposensitivity and a straight leg raise exam that causes back pain. The requested MRI of the lumbar spine appears reasonable to evaluate patient's ongoing lower extremity symptoms. The request is considered medically necessary.