

<b>Case Number:</b>	CM14-0184632		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<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 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:

This 44 year-old patient sustained an injury on 1/12/10. Request(s) under consideration include Repeat MRI of the lumbar spine. Diagnoses include L3-4 and L4-5 herniated nucleus pulposus. MRI of the lumbar spine dated 12/14/12 compared to previous study of 12/5/11 showed 4-5 mm disc with central inferior tear, recess stenosis without significant foraminal stenosis, stable findings with 3-4 mm persistent disc and annular tear at L3-4 without displacement of sensory root ganglia, minimal foraminal stenosis without central canal stenosis; spondylosis with Mobic I at lateral endplates. Reports of 3/6/14, 4/10/14, and 5/29/14 from a provider noted the patient with ongoing chronic low back pain and stiffness with occasionally tingling in right lateral leg and foot. Exam showed unchanged findings of tenderness, positive SLR and limited lumbar range of 85%. Report of 9/11/14 from chiropractic provider noted patient with ongoing lumbosacral pain radiating to right lower extremity and ankle; completed 5 acupuncture visits. Exam noted unchanged positive orthopedic testing and limited range. Diagnoses were chronic lumbar spine sprain/strain and HNP with radiculopathy, anxiety, and stress. The request(s) for Repeat MRI of the lumbar spine was non-certified on 10/1/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse tenderness without demonstrated neurological acute deficits. Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies include: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 2010 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. Previous MRI showed HNP without significant canal stenosis or nerve impingement. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Repeat MRI of the lumbar spine is not medically necessary and appropriate.