

<b>Case Number:</b>	CM14-0185944		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 50 year old male with an injury date of 01/06/12. Based on the 09/30/14 progress report provided by the treating physician, the patient complains of low back and bilateral knee pain. Physical examination to the lumbar spine revealed tenderness to palpation to the lumbar paraspinal muscles, especially from L4-S1. Range of motion was decreased, especially on extension 10 degrees. Patient's medications include Gabapentin, Hydromorphone, Ibuprofen, Mirtazapine, Tizanidine, Triamterene and Zohydro. Per previous MRI report, another specialist states "However, my interpretation is that there is primary single level disease at L4-5 with disc height collapse, kyphosis, Modic-type changes, endplate edema and slight retrolisthesis." Treating physician is requesting repeat lumbar MRI due to considering "future L4-5 epidural steroid injection, and if patient does not respond adequately to conservative measures, L4-5 fusion surgery." Diagnosis 09/30/14: unspecified internal derangement of the knees; lumbosacral spondylosis; displacement lumbar disc without myelopathy; degeneration lumbar disc. The utilization review determination being challenged is dated 10/17/14. Per UR letter dated 10/17/14 "the patient underwent two prior lumbar MRIs, on 7/12/12 and on 3/27/13." Treatment reports were provided from 12/20/13 - 09/30/14.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine)

**Decision rationale:** The patient presents with low back pain. The request is for MRI of the Lumbar Spine. Patient's diagnosis dated 09/30/14 included lumbosacral spondylosis, displacement lumbar disc without myelopathy and degeneration lumbar disc. Physical examination to the lumbar spine on 09/30/14 revealed tenderness to palpation to the lumbar paraspinal muscles, especially from L4-S1. Range of motion was decreased, especially on extension 10 degrees. Patient's medications include Gabapentin, Hydromorphone, Ibuprofen, Mirtazapine, Tizanidine, Triamterene and Zohydro. ODG Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) states: "MRI L-spine: for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRI's." Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 09/30/14, treating physician is requesting repeat lumbar MRI due to considering "future L4-5 epidural steroid injection, and if patient does not respond adequately to conservative measures, L4-5 fusion surgery." Per UR letter dated 10/17/14 "the patient underwent two prior lumbar MRIs, on 7/12/12 and on 3/27/13." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. The patient is not postoperative either. Furthermore, patient does not present with radicular symptoms to the lower extremities, and there are no physical exam findings revealing neurologic deficit. Recommendation is that the request is not medically necessary.