

<b>Case Number:</b>	CM14-0021016		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/12/12 with injury to the lumbar spine. Treatments included physical therapy and chiropractic care and medications. On 07/25/13 she underwent a left sided multilevel discectomy. She was seen by the requesting provider on 08/02/13. She had worsened after surgery. Physical examination findings included a severe overreaction when tested. Straight leg raising was negative. There was severe lumbar tenderness and expected postoperative findings. She was referred for physical therapy. On 09/27/13 there had been benefit when using ice and electrical stimulation. She was continuing to take medications. Physical examination findings appear unchanged. Naprosyn and Protonix were prescribed and she was to continue physical therapy. She was continued at temporary total disability. On 10/24/13 she had completed nine physical therapy sessions. She was having low back pain without radiating symptoms. Electrical stimulation and topical analgesic medications had been helpful. She had been able to ride her horse up to two hours. Physical examination findings again included severe lumbar tenderness. Methoderm was prescribed and her other medications were refilled. She was to continue physical therapy treatments. On 12/05/13 she was having severe intolerable pain. She was requesting additional narcotic pain medication. The topical analgesic had been the most helpful. She continued to ride her horse but only for one hour per day. Physical examination findings included severe lumbar tenderness. Imaging results were reviewed with x-rays on 08/01/13 showing expected postoperative findings. She was referred for a pain evaluation. Naprosyn, Protonix, Methoderm, and Norco were prescribed. Authorization for additional imaging including a lumbar spine MRI and x-rays with flexion/extension views was requested.

## 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)

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

**Decision rationale:** The claimant is more than two years status post work-related injury and underwent a lumbar spine fusion in July 2013. Post-operative x-rays on 08/01/13 showing expected findings. She had initial improvement including being able to ride a horse but now has intolerable pain without reported new injury. Although MRI scanning is considered the test of choice for patients with prior back surgery, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, there are no "red flags" that would support the need to obtain a repeat MRI of the lumbar spine at this time. The claimant has low back pain without radiating symptoms and no history of new injury. There are no findings by history or systemic signs that would suggest the presence of cancer or infection. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.

**X-ray of the lumbar spine including lateral flex/ext:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), (ODG) Radiography (x-rays)

**Decision rationale:** The claimant is more than two years status post work-related injury and underwent a lumbar spine fusion in July 2013. Post-operative x-rays on 08/01/13 showing expected findings. She had initial improvement including being able to ride a horse but now has intolerable pain without reported new injury. Guidelines address the role of imaging after a lumbar spine fusion with applicable criteria in this case including obtaining plan film x-rays to evaluate the status of the fusion. In this case, the claimant had plain film x-rays done over a year ago before her condition worsened. Therefore the requested x-ray of the lumbar spine including lateral flexion and extension views is medically necessary.

**CT scan with reconstruction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Magn Reson Imaging. 2011 Apr; 33(4):758-71.

**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-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography)

**Decision rationale:** The claimant is more than two years status post work-related injury and underwent a lumbar spine fusion in July 2013. Post-operative x-rays on 08/01/13 showing expected findings. She had initial improvement including being able to ride a horse but now has intolerable pain without reported new injury. Guidelines address the role of CT scanning with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine which could include flexion / extension views that would meet the criteria for obtaining the requested CT scan which was therefore not medically necessary.