

<b>Case Number:</b>	CM14-0035303		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/01/1990
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Nevada. 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 injured worker is a 57-year-old gentleman who was reportedly injured on April 21, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 21, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include Norco and Soma. Current pain is rated at 10/10. The physical examination demonstrated tenderness along the thoracic and lumbar spine with a twitch response noted with palpation. There was low back pain with flexion and extension. Neurologically there was decreased sensation in the L4 and L5 dermatomes on the left side and the L5 dermatome on the right side. There was a diagnosis of failed back syndrome. A request is made for a thoracic and lumbar spine magnetic resonance imaging (MRI) to look for lumbosacral scarring causing symptoms. There was also a request for lumbar spine transforaminal injections. Previous treatment includes the use of a spinal cord stimulator device. A request had been made for an MRI of the thoracic and lumbar spine as well as an lumbar-sacral orthosis brace and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** 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): 287.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, to justify a magnetic resonance imaging (MRI) of the thoracic and lumbar spine there should be 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. Additionally a repeat MRI should only be performed if there has been a change toward progression of neurological symptoms. The injured employee has none of these conditions. This request for an MRI of the lumbar spine is not medically necessary.

**MRI of the lumbar spine:** 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): 287.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine (ACOEM), to justify a magnetic resonance imaging (MRI) of the thoracic and lumbar spine there should be 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. Additionally a repeat MRI should only be performed if there has been a change toward progression of neurological symptoms. The injured employee has none of these conditions. This request for an MRI of the lumbar spine is not medically necessary.

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back 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 - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, lumbar supports are not recommended for prevention and only for treatment of compression fractures, spondylolisthesis and documented instability. The injured employee has been diagnosed with none of these conditions. This request for an lumbar-sacral orthosis (LSO) brace is not medically necessary.