

<b>Case Number:</b>	CM14-0039288		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 39 year old female who reported an injury to her low back on 01/14/10. The mechanism of injury is unknown. A clinical note dated 02/12/14 indicated the injured worker received L4-5 epidural steroid injection on 04/03/13. The injured worker reported immediate benefit following injection; however, there appeared to be increase in the low back. The injured worker reported a 30% pain relief for approximately six weeks therefore, additional injections were not indicated. The injured worker was approved for a six session course of physical therapy. However, the injured worker did not complete any of the approved sessions. The injured worker utilized Hydrocodone, Cyclobenzaprine, Ketoprofen tablets for ongoing pain relief. The previous MRI revealed L4-5 disc extrusion. Upon exam, the injured worker demonstrated 4/5 strength throughout the right lower extremity. The injured worker was identified as having positive straight leg raise bilaterally. A clinical note dated 09/09/13 indicated the injured worker underwent acupuncture treatments. The injured worker had low back, right shoulder, and neck complaints. A clinical note dated 10/17/13 indicated the injured worker had positive response with 25% reduction in pain with acupuncture. It was noted four sessions of physical therapy were completed with increase in her overall function and less pain. The injured worker stated that each session provided four to five days of relief and authorized for additional physical therapy. The utilization review dated 03/03/14 resulted in denial for MRI of the low back as insufficient information had been submitted for completion of any conservative treatment addressing the lumbar spine complaints. The injured worker previously underwent MRI of the lumbar spine on 06/12/13. No information was submitted regarding development of new pathology or significant changes involving the symptomology. A request was made for MRI without contrast to the lumbar spine is not medically recommended in the pre-authorization process.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Low Back Chapter, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine without contrast is not medically recommended. The injured worker complained of low back, neck, and right shoulder pain. The patient previously underwent an MRI of the lumbar spine. A repeat MRI is indicated for injured workers who have developed new pathology confirmed by clinical exam and/or have ongoing significant changes in the symptomology within the low back. No information was submitted regarding development of new neurological deficits or significant changes in pathology or symptomology. Given this, the request of MRI without contrast for the lumbar spine is not medically necessary and appropriate.