

<b>Case Number:</b>	CM14-0041022		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/21/2006
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 01/21/2006. The mechanism of injury was lifting a heavy headstone at the cemetery. The injured worker's diagnoses were noted to be status post lumbar fusion with persistent lumbago; failed back syndrome with recurrent radiculopathy; and chronic pain syndrome. The injured worker was noted to have past therapies of physical therapy, chiropractic therapy, injection therapy, and medication therapy. The injured worker was noted to have had an MRI of the lumbar spine, which showed some disc herniations. The injured worker had a clinical evaluation on 01/27/2014. His complaints were noted to be localized pain across his lumbar spine and gluteus region. He described it as a constant, achy, dull, and at some times, sharp shooting pain. He rated his overall pain symptoms at a 6 on a scale of 0 to 10. He complained of numbness and tingling at his lower extremities, more down the left leg. The physical examination noted moderate tenderness over the lumbar paraspinal muscle and bilateral gluteal region. Vertebral examination showed moderate tenderness over the L3-4, L4-5, and L5-S1. His lumbar range of motion was approximately 50% with flexion and about 50% with extension, 60 to 70% with lateral bending, and muscular spasm and guarding noted. Sensory examination to the bilateral lower extremities showed no deficit to light touch and 2-point discrimination. Manual muscle testing of the lower extremities was 5/5 with bilateral hip flexion, 4+/5 with left knee extension, and 4/5 with right knee flexion and extension. Straight leg raise test was positive in the left lower extremity at 40 degrees while sitting. Distal pulses were noted to be present. The treatment plan included medication management and a refresher course of physical therapy or chiropractic treatment. In addition, the treatment plan included a recommended MRI and x-ray of the lumbar spine. The provider's rationale for the request was noted within the clinical documentation dated 01/27/2014. The

Request for Authorization for medical treatment was not provided within the information submitted for review.

### **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 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state 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. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state MRIs are recommended for lumbar spine trauma, neurological deficit, seatbelt fracture, uncomplicated low back pain, suspicion of cancer, infection, and red flags. MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy and sooner if severe or progressive neurological deficit. The guidelines continue to recommend MRIs for indications of prior lumbar surgery, myelopathy, traumatic or painful sudden onset or slowly progressive infectious disease pain. In addition, MRIs are indicated for oncology patients and post-surgery patients to evaluate the status of the fusion. The clinical examination dated 01/27/2014 does not indicate lumbar spine trauma or neurological deficits. The documentation fails to provide a notation of failed conservative therapy for at least 1 month. Since the injured worker's last MRI of the lumbar spine, there is no suspicion of infection or red flags. As such, the request for MRI of the lumbar spine is not medically necessary.