

<b>Case Number:</b>	CM14-0077603		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 32-year-old male with an original date of injury of March 2, 2013. The mechanism of injury was lifting a subsequent fall. The injured worker's diagnoses include chronic low back pain, spondylolisthesis, pars defect at L4 bilaterally, neural foraminal stenosis, and degenerative disc disease. The conservative treatments have consisted of physical therapy, acupuncture, TENS unit, and a home exercise program. The patient has had previous lumbar MRI on May 14, 2013. The current disputed request is for a repeat lumbar MRI.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar MRI, repeat

**Decision rationale:** Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS

from the ACOEM Practice Guidelines." ACOEM Chapter 12 supports imaging of the lumbar spine for: Red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. (ACOEM Text, pages 303 and 304 and table 12-8). Table 12-8 also indicates that Lumbar MRI are the "test of choice" for patient with prior back surgery according to a panel interpretation of information (which did not meet evidence for research-based evidence). Furthermore, the Official Disability Guidelines recommend repeat studies only in cases where there is a significant change in pathology. In the case of this injured worker, the relevant progress notes include a note on date of service May 13, 2014. There is documentation in the treatment plan that venue MRI has been requested. There is documentation of tingling and burning sensation in the right leg. Subjectively, the patient reports that meds and TENS unit helped with pain. The previous MRI performed in May 2013 had already documented foraminal stenosis at the L4-L5 level which could possibly explain the lumbar radicular symptoms that the patient continues with. It is unclear that there is a significant change in pathology at this time. A full neurologic examination with manual muscle testing, sensory testing, and deep tendon reflex testing is absent from the progress note in which the request for a new MRI is made. Electrodiagnostic studies demonstrate bilateral lumbar radiculopathy at the L4 and L5 levels. Again this is consistent with prior lumbar imaging. The medical necessity of a repeat lumbar MRI is not medically necessary.