

<b>Case Number:</b>	CM14-0080386		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 11/23/2011. While on duty as a police officer, he was holding a suspect when the suspect attempted to run, causing the injured worker to hyperextend his shoulder to the point that it caused an internal tear. Diagnoses were lumbago, lumbar radiculopathy, failed back syndrome, degenerative disc disease, chronic pain syndrome, previous opioid dependency, status post detox, gastritis, anxiety, and depression. Past treatments were physical therapy, medial branch blocks, cortisone injections, discogram, and TENS unit. Diagnostic studies were an MRI on 08/20/2011 and an EMG on 03/2014. Impression of the EMG was an abnormal EMG/NCS of bilateral lower extremities. There was evidence of a bilateral chronic radiculopathy affecting multiple nerve roots. The slow sensory nerve conductions may be related to a sensory polyneuropathy or the cold temperature of the feet. There was no evidence of a myopathy. Surgical history was right knee surgery, right shoulder surgery and fused L5-S1 and L4--L5 synthetic disc. Physical examination on 04/09/2014 revealed complaints of acute depression and anxiety. The injured worker had gone through an inpatient detoxification program. He was weaned off his opiates to Suboxone. There were complaints of pain in the low back and in the legs. Examination of the lumbar spine revealed positive straight leg raise that produced low back pain. There was a positive facet loading. Sensation and strength were within normal limits in the bilateral lower extremities. Medications were lidocaine patch, Lyrica, Zoloft, trazodone, BuSpar, Advil and Protonix. Treatment plan was to request authorization for a spinal cord stimulator trial. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI with Gadolinium (with & without contrast): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

**Decision rationale:** According to MTUS/ACOEM Guidelines, 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 neurologic 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or other soft tissue, computed tomography (CT) for bony structures. Criteria set forth by the medical guidelines for ordering an MRI with gadolinium contrast are pain with diasthesis at level of nerve root operated on or specific neurologic findings at the level of nerve root operated on. In this case, there were no new physical examination findings to merit a repeat MRI. Therefore, the request for Lumbar MRI with Gadolinium (with & without contrast) is not medically necessary and appropriate.

**Lumbar CT Scan: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

**Decision rationale:** The request for Lumbar CT Scan is non-certified. The California ACOEM states, if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. Unique symptoms to look for are nonspecific low back and leg pain, and leg pain worse with activity (pseudoclaudication). Unique signs to look for are straight leg raise tests that are negative, symptoms reproduced by patient sustained hyperextension of spine while standing and straight leg raise tests that may be positive if performed immediately after patient has exercise. A CT scan or an MRI would be indicated to be ordered. The physical examination did not report any new findings to support a repeat MRI. Therefore, the request is non-certified.

**Lumbar Flexion and Extension Films: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The California ACOEM states lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. It was not reported that the injured worker was to undergo any type of surgery, also there were no new findings upon physical examination. Therefore, the request for Lumbar Flexion and Extension Films is not medically necessary and appropriate.