

<b>Case Number:</b>	CM14-0088431		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Management, and is licensed to practice in Tennessee. 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 patient is a 59-year-old female who has submitted a claim for lumbosacral disc degeneration associated with an industrial injury date of 2/14/2011. Medical records from 11/26/13 up to 4/29/14 were reviewed showing continued chronic pain in the lower portion of her mid back as well as her lower back. Pain is at 8/10 in severity compared to 4/10 as noted in PR dated 11/26/13. Her pain has been increasing since her last medial branch block at L4-L5 and L5-S1 done on 9/2013. Pain is aggravated by bending, lifting, twisting, prolonged standing and sitting, walking, straining, and lying flat. Her physician noted that she should undergo another medial branch block at level L3-L4. Physical examination of the lumbar spine revealed tenderness over the lumbar area and paraspinous muscle spasms. ROM was decreased secondary to pain. An undated MRI of the lumbar spine stated that she has degenerative disc disease and facet joint arthropathy; the level was not indicated. An x-ray of the lumbar spine taken on 1/22/14 revealed facet joint arthropathy and spondylosis involving the L5-S1 segment with disc space narrowing with associated foraminal narrowing. There also appears to be opacities in the right upper quadrant. Treatment to date has included Naprosyn, Protonix, Norflex, Doral, Flurbiprofen, Ultram, Mentherm, Phentermine, injections, physical therapy, and chiropractic care. Utilization review from 6/4/2014 denied the request for MRI of the lumbar spine and MRI of the thoracic spine. Documentation of previous MRIs done were not made available. There was no objective evidence of progression or significant change in this patient's condition from the time of the last MRIs done to warrant the requested repeat studies. Also, there was no evidence of neurologic deficits and indication of red flags to further support the necessity of this request.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar and thoracic (Acute and Chronic), MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient has continued mid-lower back pain that is gradually progressing in severity from 4/10 to 8/10 even with medication compliance. Physical examination of the lumbar spine revealed tenderness over the lumbar area and paraspinal muscle spasms. ROM was decreased secondary to pain. An x-ray of the lumbar spine taken on 1/22/14 revealed facet joint arthropathy and spondylosis involving the L5-S1 segment with disc space narrowing with associated foraminal narrowing. There also appears to be opacities in the right upper quadrant. There is a plan for the patient to undergo another medial branch block at level L3-L4 which would necessitate an MRI of the lumbar spine. Therefore, the request for MRI of the lumbar spine is medically necessary.

**MRI of the Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar and thoracic (Acute and Chronic), MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, the patient has continued mid-lower back pain that is gradually progressing in severity from 4/10 to 8/10 even with medication compliance. Physical examination of the lumbar spine

revealed tenderness over the lumbar area and paraspinous muscle spasms. There was no mention of abnormal physical examination of the thoracic area. Moreover, there is a plan for the patient to undergo another medial branch block at level L3-L4 which would not necessitate an MRI of the thoracic spine. Therefore, the request for MRI of the thoracic spine is not medically necessary.