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| <b>Case Number:</b>   | CM14-0165029 |                              |            |
| <b>Date Assigned:</b> | 10/10/2014   | <b>Date of Injury:</b>       | 08/06/2002 |
| <b>Decision Date:</b> | 04/20/2015   | <b>UR Denial Date:</b>       | 09/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on August 6, 2002. She reported accumulative back, knees, right arm, shoulder, and neck pain. The injured worker was diagnosed as having left knee arthroscopic surgery in 2008, chronic cervical intervertebral disc disorder (IVD) syndrome, right shoulder sprain/strain with adhesive capsulitis, thoracic sprain/strain, chronic lumbar radiculopathy, right SI joint sprain/strain, cervical cephalgia, right carpal tunnel syndrome, right ulnar neuropathy, and right upper extremity lymphedema. Treatment to date has included SI joint support and medication. Currently, the injured worker complains of occasional headaches, neck pain, mid back pain, low back pain, right and left SI joint pain, right elbow pain, right leg pain worse than left pain with right foot pain radiating down her right foot causing numbness and tingling, left knee pain, and right hand numbness and tingling. The Treating Physician's report dated September 4, 2014, noted the injured worker ambulating with a cane, given a SI joint support. Marked reduction in cervical, thoracic, and lumbar ranges of motion (ROM) with increased pain was noted. Seated straight leg raise was positive on the right, with marked palpable tenderness noted throughout the posterior cervical parascapular and lumbosacral region. The right SI joint was noted to be tenderer than the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar MRI: 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: MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient presents with lower back pain rated 5/10 at best 10/10 at worst, and bilateral SI joint pain rated 7-9/10. Treater notes that the lower back pain radiates into the right lower extremity with associated numbness and tingling in the right foot. The patient's date of injury is 08/06/12. Patient has no documented surgical history directed at this complaint. The request is for LUMBAR MRI. The RFA was not provided. Physical examination dated 09/04/14 reveals tenderness to palpation of the lumbosacral musculature, tender SI joints bilaterally right worse than left, positive seated straight leg raise on the right. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 09/04/14 references lumbar MRI performed on 11/10/10 showing "moderate diffuse disc bulging with annular tears prominently at L3-L4 and L4-L5." Patient is currently classified as disabled and is on social security. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In regard to what appears to be a repeat lumbar MRI, the request appears reasonable. Review of the reports provided indicate that this patient had a lumbar MRI on 11/10/10 with significant findings. Progress report dated 09/04/14 documents continued radicular pain/sensory disturbance and positive straight leg raise test on the right. It appears that the reason for the requested imaging is as a pre-operative measure. The treater notes that this patient was originally scheduled for lumbar surgery 2 years ago which was not performed due to ongoing disability litigation. Given the 5 years elapsed since this patient's last imaging study of the lumbar spine, continued neurological findings/radicular pain, and the indication that this patient is in the pre-operative phase, repeat imaging is appropriate. Therefore, the request IS medically necessary.