

<b>Case Number:</b>	CM14-0173097		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/02/1988
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal 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 patient is an injured worker with low back complaints sustained in an industrial injury on August 2, 1988. The primary treating physician's progress report dated September 2, 2014 documented subjective complaints of low back pain. The patient had prior lumbar surgery and radicular complaints. The patient presents with the complaint of significant increased low back pain for no known reason. The patient states she has always had low back pain that extends to her right leg, but her symptoms in her right leg has increased. She is having pain extending all the way into her right thigh. Pushing, pulling, reaching, carrying, lifting, walking or any type of activity causes pain. The patient denies a new history of injury or accident. The patient denies heartburn, change in bowel habits, constipation. The patient denies calf pain with walking, cramping. The patient denies muscle pain, joint pain, stiffness, redness in joints. The patient denies seizures, numbness, tingling, tremors, nervousness, stress, depression, or memory loss. No adult illnesses were noted. No known drug allergies were noted. No current medications were noted. Physical examination was documented. The patient was well developed, well nourished, appropriately dressed and groomed. She is alert and oriented with normal mood and affect. The patient walks slowly and cautiously with arm swing without assisted devices. Visual evaluation is unremarkable. There is tenderness to palpation of the lumbar paraspinal region. There is loss of forward flexion and extension. There is equal strength throughout the lower extremities. There is decreased sensation of the lateral aspect of the right thigh. There is no edema, swelling, or varicosities noted. Normal sensation over the lower extremities. Evaluation reveals no change in skin color, texture, or temperature. There are no lesions present. Diagnoses were status post lumbar discectomy L5-S1 and L5 laminotomy. The treatment plan included a request for magnetic resonance imaging MRI scan with contrast of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan with contrast (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): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated September 2, 2014 documented subjective complaints of low back pain. The patient presents with the complaint of significant increased low back pain for no known reason. The patient denies a new history of injury or accident. The patient denies change in bowel habits. Physical examination was documented. The patient walks slowly without assisted devices. Visual evaluation is unremarkable. There is tenderness to palpation of the lumbar paraspinous region. There is loss of forward flexion and extension. There is equal strength throughout the lower extremities. Normal sensation over the lower extremities was noted. No motor strength weakness was noted on physical examination. No plain film radiograph results were documented. Cauda equina, tumor, infection, or fractures are not strongly suspected. Per MTUS guidelines, the request for magnetic resonance imaging MRI scan with contrast of the lumbar spine is not supported. Therefore, the request for MRI scan with contrast (lumbar spine) is not medically necessary.