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| <b>Case Number:</b>   | CM14-0193804 |                              |            |
| <b>Date Assigned:</b> | 12/01/2014   | <b>Date of Injury:</b>       | 04/08/2012 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2014 |

### 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 Rehab, 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:

According to the records made available for review, the injured worker is a 35 year-old male with a date of injury of 04/08/2012. The result of the injury included low back pain. Diagnoses include Degenerative Disc Disease (DDD) and lumbar disc protrusion. Treatments have included medications, lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco and Ketoprofen. A report from the qualified medical evaluator, dated 07/21/2014, documents the results of a Magnetic Resonance Imaging (MRI) of the lumbar spine (performed on 03/07/2013) to include a very large disc extrusion at L5-S1. On 09/08/2014, the treating physician documents the work status to be temporary total disability. A progress note from the secondary treating physician, dated 10/14/2014, reports the injured worker to have low back pain. Subjective data from the injured worker include low back pain radiating to the bilateral legs, with numbness and weakness in the left leg; all of which are aggravated by bending, twisting, walking, and sitting. Objective data documented in this report include tenderness to the bilateral paraspinous and spinous processes upon palpation, decreased range of motion. Treatment recommendations, at this time, are documented to include pain management and x-rays/Magnetic Resonance Imaging (MRI) of the lumbar spine. Request is being made for Magnetic Resonance Imaging (MRI) of the Lumbar Spine. On 10/23/2014, Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) of the Lumbar Spine. Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) of the Lumbar Spine based on the lack of documentation of progressive neurological deficit, progression of symptoms since last MRI, or plans for surgical intervention, these denoting the prescription as not medically necessary. The Utilization Review cited the ACOEM Guidelines: Low Back Complaints, as referenced by CA MTUS Guidelines: Special Studies and Diagnostic Treatment Considerations; and the ODG: Low Back (updated 08/22/2014): Magnetic

Resonance Imaging (MRI). Application for independent medical review was made on 11/19/2014.

### **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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (updated 08/22/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, MRI; American College of Occupational and Environmental Medicine (ACOEM), 2nd Revised Edition, (2007) Chapter 12, pages 52-56.

**Decision rationale:** Guidelines do support use of MRI in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for red flags such as cauda equina, tumor, fracture or infection, and it is the test of choice in patients with prior back surgery. MRI is not indicated in acute radicular syndromes in the first 6 weeks and not recommended for non-specific back pain prior to 3 months of conservative modalities. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient had an MRI in 2013. Though a repeat MRI is requested, the medical record fails to document any clinically significant changes, such as progression of a neurologic deficit, a new neurologic deficit or a new red flag that substantiates repeating the study. Medical necessity of an MRI of the lumbar spine is not established.