

<b>Case Number:</b>	CM14-0197908		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/15/1988
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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, has a subspecialty in Interventional Spine 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 a 53-year-old female with a date of injury of 01/15/1988. The medical file provided for review includes progress reports from 2008. The utilization review discusses a report dated 10/17/2014 which was not provided for my review. According to this report, the patient complains of continued low back pain. Examination findings revealed restricted range of motion, 4/5 lumbar motor strength, lumbar trigger paraspinal points, normal neurological findings, and tenderness upon palpation. Muscle spasms and guarding in the lumbar paraspinal region was noted. The listed diagnoses are: 1. Lumbar disk herniation without myelopathy. 2. Lumbar joint degeneration. 3. Lumbar spasm. 4. Lumbar radiculitis. MRI of the lumbar spine from April of 2014 revealed multilevel facet hypertrophy, L2-L5 disk desiccations, and disk protrusion at L5-S1. Treatment plan was for continuation of physical therapy and lumbar epidural steroid injection. The patient is temporarily totally disabled. This is a request for MRI of the lumbar spine and x-ray of the lumbar spine including AP, lateral, flexion, and extension views. The utilization review denied the request on 11/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI OF 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 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI

**Decision rationale:** This patient presents with chronic low back pain. The current request is for 1 MRI of the lumbar spine. The utilization review's denial for this request was not provided. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the medical file indicates the patient underwent an MRI of the lumbar spine on April of 2014, which revealed multilevel facet hypertrophy, L2-L5 disk desiccations, and disk protrusion at L5-S1. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

**1 X-RAYS OF LUMBAR SPINE INCLUDING AP, LATERAL, FLEXION AND EXTENSION VIEWS:** 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.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for 1 x-ray of the lumbar spine including AP, lateral, flexion, and extension views. The utilization review denied the request on 11/19/2014 and the rationale for the denial was cut off and not provided for review. For special diagnostics, American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested X-ray of the lumbar spine is not medically necessary.

