

<b>Case Number:</b>	CM14-0197940		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of May 13, 2011. A utilization review determination dated October 31, 2014 recommends non-certification for an MRI of the lumbar spine. Non-certification was recommended due to lack of documentation of failed conservative treatment and objective findings of neurologic deficit. A progress report dated June 18, 2014 recommends a repeat lumbar epidural steroid injection stating that the patient has documented lumbar radiculopathy confirmed by MRI. A progress report dated July 10, 2014 indicates that the patient has not responded to any other conservative measures including physical therapy, anti-inflammatories, analgesics, and home-based activities. A pain management consultation dated August 14, 2014 identify subjective complaints of neck pain, upper extremity pain, headache, low back pain, right leg pain-improved, stomach pain, insomnia, memory loss, visual changes, and ringing in the ears. The patient complains of right mid back pain that radiates to the right hip all the way down the right leg with intermittent numbness and weakness. The patient previously underwent trigger point injections in the low back with 50% reduction in pain and increased activity. The patient reports that medication improves pain and activity levels. Topical medication and Amitriptyline also improve the patient's pain and function. Physical examination findings reveal restricted range of motion in the lumbar spine with tenderness in the paravertebral muscles. Neurologic examination revealed a sensory deficit in the right feet 4, 5, and 6 dermatomes. The diagnoses include lumbar radiculopathy the treatment plan recommends a repeat epidural steroid injection and continuing the patient's current medications. Additionally, repeat trigger point injections are recommended.

### 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 Page(s): 303-305.

**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, MRIs (magnetic resonance imaging)

**Decision rationale:** Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.