

<b>Case Number:</b>	CM14-0201231		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	12/29/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 48 year old male with an injury date of 12/29/12. Per the 10/29/14 report the patient presents with lower back pain rated 7/10 with associated weakness, numbness, giving way, locking, grinding and swelling in the left knee. Pain radiates to the chest, left leg, knee and foot. The patient is not working; however, this report also states the patient can return to work with restrictions. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral region bilaterally with seated straight leg raise positive on the right. There is decreased sensation at L5-S1 in the right foot. The 07/09/13 MRI lumbar report is provided which includes the following findings:1. At L4-5 there is loss of normal nucleus pulposus signal intensity and a 2 mm disc bulge without central canal narrowing, but with mild bilateral neural foraminal narrowing2. At L5-S1 there is loss of normal nucleus pulposus signal intensity, a 3-4 mm posterior disc bulge and a high intensity zone noted in the posterior aspect of the disc without central canal narrowing but with mild right neural foraminal narrowing.The patient's diagnoses include:1. Lumbar degenerative disc disease2. Lumbar disc protrusion3. Lumbar stenosis4. Lumbar radiculitisThe treater is requesting for EMG/NCV of the lower extremities, X-ray lumbar spine, in addition to psychological clearance before fusion surgery as well as a regimen of pain medications for the patient including Tramadol and Naprosyn. The patient has received physical therapy. The utilization review being challenged is dated 11/14/14. Reports were provided from 04/16/14 to 10/29/14.

### 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 (3.0T): 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, Lumbar & Thoracic, MRIs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

**Decision rationale:** The patient presents with lower back pain radiating to the chest, left leg, knee and foot along with left knee pain. The current request is for MRI of the lumbar spine (3.0T). This request is of unclear date. An RFA dated 10/06/14 is provided, the 11/14/14 utilization review states the date of the request is 11/03/14 and the request is discussed in the report of 10/29/14. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The 10/29/14 report cites a 07/09/13 MRI lumbar that demonstrates posterior disc bulges of 2 mm at L4-5 and 3-4 mm at L5-S1, annular fissure at L5-S1 with mild neural foraminal narrowing bilaterally at L4-5 and right L5-S1. The treater states, "I am requesting an authorization for new MRI (3.0 Tesla) of the lumbar spine for surgical intervention (most recent was performed in July 9, 2013)." The treater also states psychological clearance is requested prior to fusion surgery. X-rays of the lumbar spine are also requested. There is no evidence that surgery is authorized at this time. In this case, repeat imaging is not recommended unless there is a significant change in symptoms or findings suggestive of significant pathology or red flags such as bowel/bladder symptoms. The patient has not yet been authorized for surgery. In this case, the request IS NOT medically necessary.