

<b>Case Number:</b>	CM14-0203012		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology 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 Injured Worker (IW) is a 51 year-old female with a reported date of injury as 1/29/2011. It is reported in the records provided for review that she slipped and fell onto her left hip and back while carrying items, resulting in immediate hip and back pain, which persisted. X-rays obtained on the date of injury are reported as normal. A medical exam dated 12/13/2013 states that the IW reports constant low back pain with radiates to both legs and at times, to both feet, accompanied by numbness. Pain is present in both hips. The lower extremity exam reveals decreased sensation on the left as compared to the right and diffuse motor weakness. Reflexes are normal. Per an examination dated 10/22/2014, the IW complains of back pain which limits her activities of daily living and has limited her progression of physical therapy prescribed for her left hip following the complete a left hip arthroplasty performed on 4/4/2104. This record summarizes that the neurological examination is satisfactory for sensation, motor strength, and deep tendon reflexes. It is reported that an MRI of the lumbar spine dated 3/8/2011 shows mild degenerative disc changes at L3-4 and L4-5 levels no focal disc protrusion, no significant neural foraminal narrowing, and no central canal stenosis. There is a Schmorl's node present at L5. A weight-bearing lumbar spine MRI was obtained on 5/23/2013 which showed no disc herniation, no stenosis, and no alteration of the caliber of the central canal, lateral recesses or neural foramina. A pelvis MRI on that date was also unremarkable. An electromyography study on 5/23/2013 found evidence for a left L5 and left S1 radiculopathies. Radiographs of the lumbar spine and hip taken 10/22/2014 are unremarkable: AP view of the lumbar spine demonstrates satisfactory coronal alignment and lateral view demonstrates satisfactory sagittal alignment; the height of the disc spaces looks reasonably well-maintained, and there is no instability with flexion or extension. The hip and pelvis radiograph shows total hip arthroplasty with satisfactory alignment of the implant and no signs of loosening. The IW's back and leg pain complaints have

been treated with epidural steroid injections, TENS therapy, Norco, and Cymbalta. A request for a lumbar spine MRI to diagnose and treat the IW's severe low back pain was submitted and was subsequently non-certified in a Utilization Review dated 11/25/2014.

### **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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** With regard to special studies and diagnostics for the treatment of low back complaints, the ACOEM guidelines state that imaging studies should be reserved for cases where there is emergence of a red-flag or for cases where surgery is being considered (Chapter 12, Low Back Complaints, Special Studies and Diagnostics, pp. 303 -305). In this case, two MRIs (dated 3/8/2011 and 5/23/2013) were obtained, and those findings have been reportedly unremarkable for significant diagnoses, such as disc herniation, canal stenosis, or other pathologies indicating red-flags (fracture, tumor, infection, etc.) or diagnoses for which surgery could be recommended. The EMG obtained contemporaneously with the last imaging study revealed radiculopathy at L5 and S1. The neurological examination of 10/22/2014 is unremarkable. The examination of 12/13/2013 notes primarily the IW's subjective complaints but fails to clinically demonstrate any neurological decline from previous examinations. Because the neurological examinations provided for review since the MRI and EMG studies of 5/23/2013 fail to provide new or sufficient detail of any objective progression of neurological deficit or progression of clinical pathology which would warrant an additional MRI study, the request for another lumbar spine MRI is not medically necessary.