

<b>Case Number:</b>	CM14-0205590		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/08/2008
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female with an injury date on 02/08/2008. Based on the 10/30/2014 progress report provided by the treating physician, the diagnoses are :1. Reviewed old MRI and CT Discogram with patient. No radiographs. No result from prior EMG or report from prior discogram. 2. Old MRI from 09/19/2013 outdated. Degenerative disc disease present at L5 with right paracentral protrusion; L2-3 left sided herniation causing stenosis. 3. CT Discogram from 02/19/2014 reviewed. Nucleograms present at L1-2, L2-3, L3-4, L4-5 and L5-S1. Normal appearing disc morphology at all levels except L5, where intradiscal streaking and posterior extravasation of dye suggest disc degeneration at L5-S21. At L2-3, posterior path of dye flow consistent with disc herniation, left side, seen on MRI. According to this report, the patient complains of burning "low back pain with radiation bilat anterolateral thigh and calf." Pain is rated as a 6-7/10. Physical exam of the lumbar spine indicates "back problem, restricted motion, weakness." Motor strength of the Quad, Peroneal, post tib, and EHL is a 4+/5. The 10/08/2014 report indicates patient's low back pain is sharp and fluctuates depending on the activity levels and type of activity. Pain is rated a 4/10 with medications and a 9/10 without medications. Patient's non-operative treatment to date includes "aquatic therapy with temporary relief, LESI many in the past only 1-2 months relief, CT discogram, and EMG/NCV of the lumbar and lower extremity." The treatment plan is to request for electrophysiology, MRI of the lumbar spine w/o dye, and follow up in 6 weeks. The patient's work status is "Temporarily Totally Disabled until the next appointment, Unchanged from last visit." There were no other significant findings noted on this report. The utilization review denied the request for MRI Lumbar on 11/10/2014 based on

the MTUS guidelines. The requesting physician provided treatment reports from 05/27/2014 to 12/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Lumbar Spine No Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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; Magnetic resonance imaging.

**Decision rationale:** According to the 10/30/2014 report, this patient presents with low back pain with radiation bilat anterolateral thigh and calf. The current request is for "repeat" MRI Lumbar Spine No Contrast. Regarding repeat MRI study, ODG states "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)." Review of the provided reports shows no discussion as to why the patient needs an updated MRI of the lumbar spine. There were no neurologic deterioration such as progressive weakness; no red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; no significant change in examination; no new injury to warrant an updated MRI. The current request IS NOT medically necessary.