

<b>Case Number:</b>	CM14-0086299		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. 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 31-year-old female with an injury date of 02/18/2014. Based on the 03/03/2014 progress report, the patient complains of a constant, sharp, stabbing pain in her lower back which is located across her waist and radiates down to her right leg. She has stiffness in her lower back and has difficulty changing her body position, getting up from a sitting position, and upon straightening up from a bent-over position. She has numbness, tingling, and weakness in her right leg. She has a slow and careful antalgic gait favoring the right side. There is 3+ tenderness over the paralumbar muscles, SI joint, sciatic notch, and sacral base bilaterally. The patient has tenderness and spasms over the spinous processes from L3 through S1. Straight leg raise is positive at 25 degrees on the right and 60 degrees on the left with radicular pain into the lower extremities. Kemp's test is positive bilaterally. On 03/05/2014, the patient had an x-ray of the lumbar spine which revealed the following: 1. No radiographic evidence of acute fracture or vertebral instability. 2. Mild left inclination of the lumbar spine. On 03/08/2014, the patient had plain films of the lumbar spine which revealed that the patient had a normal lumbar lordosis. The patient's diagnoses include the following: Lumbar spine discopathy. Lumbar spine radiculitis. The utilization review determination being challenged is dated 05/08/2014. There was one treatment report provided from 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI with 3D:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines MRI (magnetic resonance imaging). Decision based on Non-MTUS Citation Centers for Medicare Services (CMS) Radiology March-April 2012 (online edition)

**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:** According to the 03/03/2014 progress report, the patient presents with a constant, sharp, stabbing pain in her lower back which radiates down her leg. The request is for a LUMBAR SPINE MRI WITH 3D. Review of the reports does not indicate that the patient has had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objectives 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 the patient's chronic condition, ODG Guidelines provide a thorough 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. ACOEM nor ODG guidelines address 3D MRI's, however. There is yet medical evidence supporting routine use of 3D MRI's. J Magn Reson Imaging from 2011 does not support routine 3D MRI of the joints. There are no current studies that support 3D imaging over 2D for L-spine. In this case, the report with the request was not provided. It does not appear as though the patient will have any surgery in the future, nor are there any discussions provided regarding the patient having any recent past surgeries. ACOEM Guidelines do not support MRIs in the absence of red flags or progressive neurologic deficit. Review of the reports provided does not reveal why the treater is asking for a MRI of the lumbar spine. There are no new injuries, no deterioration neurologically, and the patient has not had recent surgery. The requested MRI of the lumbar spine IS NOT medically necessary.