

<b>Case Number:</b>	CM15-0000197		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 injured worker is a(n) 51 year old male, who sustained an industrial injury on 06/11/2009. He has reported low back pain. The diagnoses have included lumbar herniated disc. Treatment to date has included anterior and posterior lumbar fusion at L5-S1 (06/10/2010 per the UR), and hardware removal on 08/26/2013 (per the UR). Currently, the IW complains of worsening low back pain. The injured worker stated that the previous anterior and posterior L5-S1 fusion had provided adequate pain relief for more than a year, but that the pain has now returned and was increasing. There was no discussion of other previous treatments and no diagnostic testing submitted. On 12/15/2014, Utilization Review non-certified a request for 1 MRI of the lumbar spine, noting insufficient physiologic evidence of nerve dysfunction and the absence of unequivocal objective findings of a specific nerve compromise upon neurological examination. The MTUS ACOEM Guidelines were cited. On 01/02/2015, the injured worker submitted an application for IMR for review of 1 MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the Lumbar Spine between 12/11/2014 and 1/25/2015: 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. Decision based on Non-MTUS Citation Low back chapter, MRI

**Decision rationale:** The patient presents with low back pain. The request is for one MRI OF THE LUMBAR SPINE between 12/11/2014 and 01/25/2015. The patient had a lumbar fusion at L5-S1 on 06/21/2010. He then underwent hardware removal on 08/26/2013. The patient had a prior MRI of the lumbar spine, which revealed central and right paracentral disk herniation at the L5-S1, distorting the thecal sac and mildly compressing the right S1 and right S2 nerve roots. There was disk material bulging into the neuroforamen, causing a mild compromise on the right; and a mild disk bulge was seen at L3-L4. The date of this MRI is not provided. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery as an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that, "MRI are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative care, 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" such as tumor, infection, fracture, nerve compromise, recurrent disk herniation. The utilization review letter states that the patient has had a prior MRI of the lumbar spine. The treater is requesting for an updated MRI due to the patient's "increasing back pain." In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new locations of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.