

<b>Case Number:</b>	CM15-0004522		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 29 year old female, who sustained an industrial injury on 3/21/2012 when she was putting a gallon of paint in the shaker. She reported a sharp pain in her back. The diagnoses have included low back pain, lumbar degenerative disc disease, lumbar radiculitis, numbness and muscle spasm. Treatment to date has included medications, massage therapy, physical therapy, chiropractic, epidural steroid injections and a TENS unit. Magnetic resonance imaging (MRI) dated 4/30/2012 showed mild disc desiccation with 1-2mm disc protrusion at L2-3 with nerve root compression; at L2-3 there was a 2mm disc protrusion, at L4-5 there was a 5-6mm disc protrusion; at L3-4 disc protrusion abuts the intrathecal nerve roots; at L5-S1 there was a 2mm central disc protrusion. Electrodiagnostic testing dated 9/9/2014 revealed no evidence of left lumbosacral radiculopathy or peripheral neuropathy. Currently, the IW complains of stabbing type pain in the lower back, on the left more than right, rated as an 8/10 on a pain scale. She has numbness and aching over her left lateral extremity. She takes Tylenol for the pain. Objective findings included tenderness and spasms over the left paraspinals of the lumbar spine and increased pain with flexion and extension. On 12/30/2014, Utilization Review non-certified a request for repeat magnetic resonance imaging (MRI) of the lumbar spine without dye noting that the documentation fails to meet the guidelines for a repeat MRI. The ODG was cited. On 1/09/2015, the injured worker submitted an application for IMR for review of MRI lumbar spine without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRI

**Decision rationale:** The patient presents with low back pain, rated 8/10. The request is for MRI scan, lumbar spine. Patient's diagnosis include low back pain, lumbar degenerative disc disease, lumbar radiculitis, numbness and muscle pain, per 12/16/14 progress report. Patient has trialed and failed physical therapy treatments and a TENS unit, had one lumbar ESI injection which provided 60% improvement and massage therapy with some benefits. Per 11/14/12 progress report, patient's medications include Motrin, Hydrocodone and Cyclobenzaprine. Patient's work status is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." Per 12/16/14 progress report, treater is requesting a lumbar MRI because the patient is interested in a surgical consult and needs an updated lumbar MRI before she can see a surgeon. Patient has had MRI of the lumbar spine on 04/30/12. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request is not medically necessary.