

<b>Case Number:</b>	CM15-0004703		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 42 year old male with an industrial injury dated 6/18/2013. The diagnoses included lumbar sacral neuritis, lumbar radiculopathy and lumbosacral sprain/strain. The treatments included medications, facet steroid injections, and diagnostic was magnetic resonance imaging. The treating provider's progress note described the injured worker reporting low back pain and lower extremity paresthesia. The exam revealed spasms and guarding along with tenderness. The UR determination denied request on 12/23/2014 for: 1. Magnetic resonance imaging, lumbar spine without dye citing ODG, Low Back, magnetic resonance imaging. 2. Chiropractic 12-18 sessions, citing MTUS Chronic Pain Treatment Guidelines, Manual therapy and manipulations. 3. Mentherm cream, citing MTUS Chronic Pain Treatment Guidelines, topical analgesics. 4. Naproxen, citing MTUS Chronic Pain Treatment Guidelines, NSAIDS. 5. Omeprazole, citing MTUS Chronic Pain Treatment guidelines NSAIDS, GI symptoms. 6. Cyclobenzaprine, citing MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of 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, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case the documentation provided for review did not show significant evidence from physical examination that there was an existing radiculopathy. Also, there was not a significant change in the worker's symptoms over the months prior which would have suggested there might be a change in the results of his MRI spine since his last MRI. There was no evidence to suggest any red flag diagnosis. Therefore, the repeat lumbar MRI, based on the documentation provided, appears to be medically unnecessary.