

<b>Case Number:</b>	CM15-0007514		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 39-year-old female, with a reported date of injury of 04/11/2011. The diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Treatments have included a computerized tomography (CT) scan of the lumbar spine, which showed disc degeneration at multiple levels, facet arthropathy, and foraminal narrowing; L5-S1 laminectomy in 12/2011; a L4-S1 anterior and posterior fusion on 11/27/2012; epidural steroid injections; physical therapy; opioid pain medications; topical pain medications; oral pain medications; transcutaneous electrical nerve stimulator (TENS); and acupuncture. The new patient consultation dated 11/25/2014 indicates that the injured worker reported a low back pain that radiated to the left hip, lateral leg, and foot. She reported increased pain and reported that her legs buckle on occasion, causing her to fall. An examination of the lumbar spine showed paraspinal tenderness, decreased lumbar spine range of motion, negative straight leg raise test on the right, and positive straight leg raise test on the left, bilateral lumbar spasm, normal gait, normal posture, and numbness throughout left thigh, lateral leg, and foot. The treating physician requested an MRI of the lumbar spine for further evaluation due to the increased pain and lower extremity weakness. On 12/17/2014, Utilization Review (UR) denied the request for an MRI of the lumbar spine, noting that it was unclear if the findings of neurologic symptoms were progressive, and previous MRI studies were not available for review. The MTUS ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Workers Compensation (TWC), Online edition, Chapter Low Back- Lumbar Thoracic (Acute & Chronic) and MRI's

**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:** This patient presents with chronic low back and bilateral leg pain. The patient is status post 3 low back surgeries, with the most recent being a L4-S1 fusion on 11/27/12. The current request is for a MRI LUMBAR SPINE. The Utilization review denied the request stating that it was unclear if findings were progressive, given that only the 11/25/14 report was available. MRI dated 5/14/12 noted evidence of epidural fibrosis with moderate left neural foraminal stenosis at L5-S1, possible pseudomeningocele. There are no discussions regarding an MRI following the most recent surgery from 11/27/12. In reviewing the AME report dated 11/9/13, the patient permanent and stationary and despite multiple low back surgeries the patient continues to have pain her back and states that the left leg pain is worse. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings 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 this patient's now chronic condition, ODG guidelines provides 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. ODG further states, "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-." There is no new injury, no significant change in examination finding, no bowel/bladder symptoms, and no new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.