

<b>Case Number:</b>	CM15-0100861		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 54 year old male, who sustained an industrial injury on 08/05/2014. He has reported injury to the low back and legs. The diagnoses have included lumbago; L3, L4 compression fractures closed without spinal cord injury; lumbar radiculopathy; lumbar spinal stenosis; and bilateral legs/knee pain. Treatment to date has included medications, diagnostics, rest, bracing, walker, physical therapy, and home exercise program. Medications have included Hydrocodone, Meloxicam, and Tramadol. A progress report from the treating physician, dated 04/16/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in his lumbar spine both centrally and paraspinally; pain is rated at 5-6/10 on the pain scale; the pain is aching and associated with numbness; pain over his knees and upper thighs, rated at 5-6/10 on the pain scale; the pain is associated with tingling, numbness, and pins and needles; and the pain is relieved by medications and rest. Objective findings included tenderness to palpation in the mid to slightly lower lumbar region; some exacerbation of his pain with extension and rotation; and some bilateral paraspinal muscle guarding and spasms. The physician noted an MRI of the lumbar spine, dated 08/29/2014, to have shown a mild compression deformity within the anterior and superior chip fracture of L5; there was T2 signal change within the L3 body and L4 body; some mild disc bulging at L3-L4 and L4-L5 with desiccation at L4-L5; and some facet arthropathy noted at L4-L5. The treatment plan has included the request for repeat MRI of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic and Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, repeat MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are L3 - L4 compression fractures closed without spinal cord injury bilateral leg/knee pain. The documentation from an April 16, 2015 progress note objectively states the injured worker has a normal gait and heel to toe walk. The worker is able to squat with normal people and muscle tone with no evidence of atrophy. Motor strength is normal in the lower extremities. The neurologic evaluation contains a normal sensory examination and a normal motor examination. Provocative testing was negative. The injured worker had a CT of the lumbar spine on August 5, 2014. A repeat of her friend, the injured worker had an MRI of the lumbar spine on August 29, 2014. MRI showed mild compression deformity within the anterior and superior chip fracture of L4. The injured worker had a repeat MRI of the lumbar spine October 29, 2014. The treating provider's rationale or repeating the MRI is for surveillance of vertebral compression fractures to assess whether there may be an etiology for persistent pain. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no significant objective clinical findings suggestive of significant pathology. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Moreover, the neurologic evaluation is unremarkable. Consequently, absent clinical documentation with a significant change in symptoms and objective findings suggestive of significant pathology and unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation, repeat MRI of the lumbar spine without contrast is not medically necessary.