

<b>Case Number:</b>	CM15-0106399		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Preventive Medicine, Occupational 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:

This 56 year old female sustained an industrial injury to the low back on 4/18/02. Previous treatment included lumbar fusion, injections and medications. Magnetic resonance imaging lumbar spine (undated) showed grade 1 anterolisthesis of L4 over L5 with bilateral degenerative facet disease, degenerative disc disease, disc bulge and disc osteophyte complex. In a PR-2 dated 4/22/15, the injured worker complained of low back pain with radiation of pain down to the feet and leg weakness. The injured worker reported that her left low back had more pain following recent sacroiliac joint injection. Physical exam was remarkable for exquisitely tender right sacroiliac joint and minimally tender lumbar spinous process, intact lower extremity sensation and deep tendon reflexes and normal lower extremity motor strength. The physician noted that the injured worker's symptoms were worsening with radiation to the left thigh. Current diagnoses included chronic low back pain. The treatment plan included magnetic resonance imaging lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Lumbosacral 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 - Magnetic resonance imaging (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter/MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had a lumbar fusion on 10/6/12. There was no post surgical MRI available for review. An MRI was conducted prior to surgery on 2/6/12 revealing a grade 1 anterolisthesis at the L4-L5 secondary to severe bilateral degenerative disk disease, and a severe loss of disc space at the L4-5 and L5- S1 level. At the latest physical examination, the injured worker complained of pain on the left greater than the right with no relief from a recent sacroiliac joint injection, states that the pain radiates into her feet. The physical examination revealed tenderness over the S1 joint and no radiation findings. Sensory-motor exam was normal. There has been little change in the injured workers signs and symptoms since the previous MRI in 2012; therefore, the request for repeat MRI (magnetic resonance imaging) Lumbosacral Spine is not medically necessary.