

<b>Case Number:</b>	CM15-0109199		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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:

This 43-year-old male sustained an industrial injury to the low back after a fall on 8/1/11. Previous treatment included lumbar laminectomy, magnetic resonance imaging, physical therapy, acupuncture, trigger point injections, and medications. Magnetic resonance imaging lumbar spine (4/30/14) showed congenital spinal stenosis, disc bulge with stenosis and disc protrusion. In a periodic report dated 2/25/15, the injured worker reported that his pain was about the same. The injured worker complained of tenderness to palpation over the left paraspinal musculature, constant, sharp, burning, tingling, numbness to the low back rated 8/10 on the visual analog scale. Physical exam was remarkable for lumbar spine, decreased flexion and extension with pain and positive lumbar facet stress test. Current diagnoses included lumbar facet arthropathy status post laminectomy, cervical fusion, cervical facet arthropathy, depression and anxiety. The physician noted that the injured worker had not had a lumbar spine magnetic resonance imaging in a long time. The treatment plan included lumbar magnetic resonance imaging, bilateral lumbar medial branch blocks at L3, L4 and L5, decreasing Gabapentin dosage, adding Nortriptyline and a course of acupuncture.

### 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), Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 02/25/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10. The patient is status post lumbar laminectomy, date unspecified. The request is for MRI LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 02/25/15 includes lumbar spondylosis. Diagnosis on 02/25/15 includes lumbar facet arthropathy. Patient's gait is mildly antalgic. Physical examination to the lumbar spine on 02/25/15 revealed tenderness to left paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive lumbar facet stress test. Treatment to date included surgery, imaging studies, physical therapy, acupuncture, trigger point injections, and medications. Patient's medications include Gabapentin and Nortriptyline. The patient is permanent and stationary, per 02/25/15 report. Treatment reports were provided from 08/29/14 - 04/01/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. "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 02/25/15 report, treater states the patient "has not had his lumbar MRI for a 'long time. "' Per 08/29/14 report, "the patient had multiple lumbar MRI. The last one was dated 04/30/14 which shows surgical changes in soft tissues of the back with left L3-L4 laminotomies and resection of ligamentum flavum. " 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. Postoperative MRI would be indicated by guidelines, for which patient already had. This patient does not present with any other condition to warrant another repeat MRI study. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.