

<b>Case Number:</b>	CM15-0132203		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, California  
 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 30 year old female who sustained an industrial /work injury on 5/27/12. She reported an initial complaint of knee and back pain. The injured worker was diagnosed as having low back pain, degenerative joint disease of lumbar spine, and s/p anterior cruciate ligament (ACL) repair of left knee. Treatment to date includes medication, diagnostics, and surgery. MRI results of the lumbar spine were reported on 8/8/12 that revealed degenerative changes. MRI of the left knee was done on 7/10/12. Currently, on 6/9/15 the injured worker complained of pain, rated 7+/10 to the knee with giving out at times and locking up. The lumbar spine has intermittent achy pain with numbness and tingling in the big toe and level is 6-7/10. Per the primary physician's report (PR-2) on 6/10/15, pain is reported at L5-S1, bilateral posterior superior iliac spine and bilateral paravertebral muscle. Physical examination of the lumbar spine revealed tenderness on palpation and limited range of motion. The left knee had moderate antero-ligament laxity and a lot of weakness. The requested treatments include MRI of the lumbar spine. The patient's surgical history include anterior cruciate ligament (ACL) repair of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Request MRI of the lumbar spine: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "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)." MRI results of the lumbar spine were reported on 8/8/12 that revealed degenerative changes. The injured worker was diagnosed as having low back pain, degenerative joint disease of lumbar spine. Currently, on 6/9/15 the injured worker complained of pain, rated 7+/10 to the knee with giving out at times. The lumbar spine has intermittent achy pain with numbness and tingling in the big toe and level is 6-7/10. Per the primary physician's report (PR-2) on 6/10/15, pain is reported at L5-S1, bilateral posterior superior iliac spine and bilateral paravertebral muscle. Physical examination of the lumbar spine revealed tenderness on palpation and limited range of motion. The lower extremity exam revealed a lot of weakness. This weakness is a significant new finding on clinical examination. Lumbar spine MRI would be beneficial to evaluate for conditions like radiculopathy due to lumbar disc herniation or Multiple sclerosis since the patient has significant weakness in the left lower extremity. Therefore the patient had significant objective findings that would be benefitted by a MRI of the lumbar spine in future management. The request for MRI of the lumbar spine is medically necessary and appropriate for this patient at this time.