

<b>Case Number:</b>	CM15-0135549		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, 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 43 year old male with an industrial injury dated 05/21/2014. The injured worker's diagnoses include lumbago. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural steroid injection (ESI), aquatic therapy and periodic follow up visits. In a progress note dated 06/15/2015, the injured worker reported low back pain and radiation down the left leg in a S1 distribution. Objective findings revealed tenderness at lumbar spine, tenderness at facet joint, decreased range of motion and left positive straight leg raise test. The treatment plan consisted of repeat Magnetic Resonance Imaging (MRI) of the lumbar spine. The treating physician reported that the injured worker has a history of lumbar herniated nucleus pulposus and recalcitrant pain, which radiates down left leg in a S1 distribution. The treating physician would like to know if the injured worker is a surgical candidate. The treating physician requested for MRI of lumbar spine, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, MRI of the lumbar spine 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 workers working diagnosis is lumbar and go, low back pain. The date of injury is May 21, 2014. The request for authorization is June 22, 2015. The medical record contains 50 pages. The documentation indicates the injured worker at a prior lumbar MRI September 15, 2014. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The MRI performed less than one year ago shows an extruded disc to the left at L four - L5. There is no clinical change in the symptoms and were objective findings. According to a June 15, 2015 progress note, the injured worker had ongoing subjective complaints of low back pain that radiates to the left leg. An epidural steroid injection was performed and helpful. The treating provider wants to update the MRI to see if the injured worker is a surgical candidate. There is no documentation demonstrating a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation demonstrating a significant change in symptoms and/or objective findings suggestive of significant pathology, a prior MRI performed September 5, 2014 and guideline non-recommendations for repeat MRI, MRI of the lumbar spine is not medically necessary.