

<b>Case Number:</b>	CM15-0139226		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This is a 60-year-old female patient who sustained an industrial injury on 5/31/13. She sustained the injury due to involvement in a motor vehicle accident. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbar intervertebral disc without myelopathy and lumbago. Per the doctor's note dated 7/2/15, she had complaints of low back and right lower extremity pain. The physical examination revealed lumbar range of motion reduced, tenderness and spasm noted on the right paravertebral region and positive FABER, Gaenslen's and perlic compression tests; 4/5 strength on the right EHL. The medications list includes ativan, prilosec and trazodone. She has undergone right carpal tunnel release on 7/2/2014; right L4-5 ESI on 5/14/2014 and sacrotuberous injection on 5/19/2015. She has had lumbar spine MRI dated 10/4/2013 which revealed generous central canal in volume, small bulge at L3-4 and small protrusions at L4-5 and L5-S1 with annular fissures at all these three levels, no evidence of nerve root impingement or stenosis; brain MRI dated 7/18/2014 and lumbar sacral X-rays dated 7/24/2013. She has had acupuncture, injections, physical therapy and medications for this injury. A request for MRI (magnetic resonance imaging) Lumbar Spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

**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 (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

**Decision rationale:** MRI (Magnetic Resonance Imaging) 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, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Per the records provided patient has already had Magnetic Resonance Imaging (MRI) of the lumbar spine 10/4/2013 which revealed generous central canal in volume, small bulge at L3-4 and small protrusions at L4-5 and L5-S1 with annular fissures at all these three levels, no evidence of nerve root impingement or stenosis. Per the cited guidelines "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)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of MRI (Magnetic Resonance Imaging) of the lumbar spine is not fully established for this patient at this juncture. The request is not medically necessary.