

<b>Case Number:</b>	CM15-0140551		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 8-26-14. He has reported initial complaints of falling out of a heavy equipment machine after a hillside collapsed and he was thrown and debris covered him up. He had facial, head, neck, low back, rib and liver injuries. The diagnoses have included extensive facial fractures, liver laceration, rib fracture, lumbar degenerative disc disease (DDD), cervical pain, traumatic brain injury, blurred vision, thoracic degenerative disc disease (DDD), cervical degenerative disc disease (DDD) and post-traumatic stress disorder. He has a history of back problems with surgery in the past. Treatment to date has included medications, activity modifications, bed rest, diagnostics, heat and cold therapy, transcutaneous electrical nerve stimulation (TENS), physical therapy, and lumbar steroid injections. Currently, as per the physician progress note dated 7-6-15, the injured worker complains of low back pain with previous history of chronic back pain and Herniated Nucleus Pulposus (HNP) repair in 1997. The injured worker states that the lower back is getting progressively worse and the pain is radiating to the right leg and he has lost control of the bowel and bladder in the past 90 days. The review of systems reveals spine injuries with pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-ray of the cervical spine and right rib, electromyography (EMG)/ nerve conduction velocity studies (NCV) of the bilateral upper extremities, Magnetic Resonance Imaging (MRI) of the brain, and computerized axial tomography (CT scan) of the cervical spine. The current medications included Lidoderm patch, Motrin, Norco, Propranolol, Zofran, Topamax and Hydrochlorothiazide. The physical exam reveals weakness of dorsiflexion on the

right. The remainder of the exam is unremarkable. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the lumbar spine.

### **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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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). In this case, although the injured worker had a lumbar MRI in late 2014, he began to experience pain that was getting progressively worse and radiating to the right leg and he has lost control of the bowel and bladder in the past 90 days. A repeat MRI is necessary in this case. The request for MRI of the lumbar spine is determined to be medically necessary.