

<b>Case Number:</b>	CM15-0141450		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 25-year-old female, who sustained an industrial injury on 4-28-2014. She reported low back pain due to bending to pick up a box. Diagnoses have included ligamentous low back sprain with mild left S1 radiculopathy and lumbar degenerative disc disease. Treatment to date has included physical therapy, acupuncture, a home exercise program and medication. According to the progress report dated 6-25-2015, the injured worker complained of low back pain, which occasionally radiated to the lower extremities. She was using Lidocaine patches, which gave her 20 percent relief. Exam of the lumbar spine revealed tenderness to palpation, full ROM and normal neurological examination. Per the note dated 6/5/15, the patient had complaints of low back pain. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, limited range of motion, decreased sensation in lower extremity and 4/5 strength. The patient has had positive SLR at 90 degree on right and 80 degree on left. Patient had received SI joint injection for this injury. Patient has reached MMI. The injured worker was temporarily totally disabled. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine. The patient has had MRI of the lumbar spine on 6/25/14 that revealed degenerative changes, annular tear and no foraminal narrowing and X-ray on 5/6/14 with normal findings. The patient sustained the injury due to lifting boxes. The patient had received 24 PT and 16 acupuncture visits for this injury.

### 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.

**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: 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, neuro-compression, and recurrent disc herniation)." The patient has had MRI of the lumbar spine on 6/25/14 that revealed degenerative changes, annular tear and no foraminal narrowing and X-ray on 5/6/14 with normal findings. Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). Patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury until date. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not medically necessary for this patient.