

<b>Case Number:</b>	CM15-0145398		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 49 year old male who sustained an industrial injury on 4-25-14. The mechanism of injury was unclear. He currently complains of persistent mid and low back pain with right lower extremity symptoms with a pain level of 7-8 out of 10. His leg pain is worse than the back pain. On physical exam, there was decreased range of motion of the cervical, thoracic and lumbar spines. Medications were Ultracet, Flexeril, and gabapentin. With medications, his pain level went from 9 to 6-7 out of 10. He was able to sleep with medications and increase activities of daily living such as housework. Diagnoses include lumbar herniated nucleus pulposus with central canal stenosis and impingement of the right L4 exiting nerve root; lumbar radiculopathy. Treatments to date include medications; transforaminal epidural steroid injection on the right at L5 (3-13-15) with 50-60 % improvement in pain for 2-3 weeks; 8 chiropractic treatments which increased his pain; 3-4 sessions of physical therapy which did not help. Diagnostics include MRI of the lumbar spine (5-29-14) showing retrolisthesis, right paracentral herniated disc, right sided impingement, and central disc protrusion. In the progress note dated 6-26-15, the treating provider's plan of care includes a request for updated MRI of the lumbar spine in anticipation of microscopic lumbar discectomy surgery as the previous MRI was one year old. On 7-20-15, Utilization Review non-certified the request for 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**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) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, he has had recent failed conservative therapy and epidural steroid injection, but no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Although his MRI from 5-29-14 corresponds with his current symptoms, his symptoms have worsened and he is a surgical candidate; therefore, the request for MRI of the lumbar spine is medically necessary and appropriate at this time.