

<b>Case Number:</b>	CM15-0160009		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina

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 29 year old male, who sustained an industrial injury on 12-5-14. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar facet joint syndrome; low back pain; thoracic spine pain. Treatment to date has included physical therapy; medications. Diagnostics studies included X-rays lumbar spine and pelvis (5-21-15). Currently, the PR-2 notes dated 7-8-15 indicated the injured worker was being seen for a pain management consultation and complains of chronic low back pain. he reports his pain occurred as an industrial related injury. Currently, he has intermittent sharp aching pain in the bilateral aspects of the lower thoracic and lumbar spine more so on the right. His pain is mainly axial and non-radiating. He has been treated conservatively with physical therapy, home exercise and oral medications which have provided minimal relief and functional gain. He rates his pain at 5 out of 10 and is referred here for pain management. On physical examination, the provider documents tenderness over the paraspinal muscles from L4-5 to L5-S1 bilaterally. He has positive lumbar facet joint tests bilaterally. He is tender over the lumbar facet joints at L4-5 and L5-S1 and worse with active extension and side rotation. He is tender over the lower thoracic paraspinal muscles. The injured worker has had x-rays of lumbar spine and pelvis (5-21-15) which were normal and will bring those to his next appointment. The provider notes the injured worker's low back pain is myofascial versus discogenic related. He has failed previous conservative care such as physical therapy, home exercise and medications. He is requesting a MRI of the lumbar spine for diagnostic purposes and current spinal condition. He will also request physical therapy for

stabilization and strengthening as well as acupuncture for inflammatory purposes and pain management. The provider is requesting authorization of MRI 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The ACOEM chapter on low back complaints and special diagnostic studies states: 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). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore the request is not medically necessary.