

<b>Case Number:</b>	CM15-0161638		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 7-30-13 when a toilet fell on him while he was unloading it from a truck and landed on his right hip. He was medically evaluated for neck, low back and leg pain. He was diagnosed with left knee and leg sprain, neck and lumbosacral sprain. On 8-6-13 he suffered a pop in his left calf with severe pain. He currently complains of low back pain and muscular tightness and spasms; left intermittent lower extremity paresthesias, pain with tingling radiating down his groin and inner thigh to the foot; intermittent neck issues. On physical exam of the cervical spine there was tenderness on palpation with limited range of motion due to stiffness; lumbar spine exam revealed tenderness on palpation with limited range of motion due to pain and stiffness; some bilateral knee tenderness; left ankle pain on palpation. Medications were Norco, gabapentin, medrox ointment, Flexeril, Laxacin, and Ambien. Medications help preserve functionality and increased ease of activities of daily living. Diagnoses included lumbago; cervicgia; thoracic spine pain; knee and leg sprain, strain; osteochondropathy; adjustment disorder with depressed mood; insomnia. Treatments to date include trigger point injection to the back with benefit; medications with benefit. Diagnostics include lower extremity venous ultrasound (7-3-15) showing chronic deep vein thrombosis left gastrocnemius vein, left superficial vein thrombus; MRI of the left lower extremity (916-03) showed partial tearing of the proximal medial head of the gastrocnemius muscle; MRI of the left knee showed medial meniscus tear and osteochondroma; electromyography, nerve conduction study (11-6-13) unremarkable; MRI of the left ankle (3-6-14) showed no evidence of acute injury. On 7-9-15 the treating provider's plan of care included a request for MRI of the lumbar spine on the injured worker's behalf. Holding

off on this test was discussed with the injured worker has the abrupt increase in low back pain and bladder incontinence has subsided.

### **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

**Decision rationale:** The current request is for MRI of the lumbar spine. The RFA is dated 07/17/15. Treatments to date include trigger point injection to the back, physical therapy and medications. The patient's work status is not addressed. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Per report 07/09/15, the patient presents with chronic lower back pain and left lower extremity paresthesias. Physical examination revealed tenderness on palpation with limited range of motion due to pain and stiffness. Straight leg raise is negative, sensation intact and strength was 5/5 in the bilateral lower extremities. The patient is insisting on a MRI, and the treater states that a "new l-spine MRI will be requested on the patient's behalf." It appears that the patient has had a prior MRI, but the results were not discussed, nor was there a copy provided in the medical file. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, or significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request IS NOT medically necessary.