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| <b>Case Number:</b>   | CM15-0162187 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 03/30/2001 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old female who sustained a work related injury March 30, 2001. Past history included status post lumbar fusion L4-5. According to a primary treating physician's progress report, dated July 31, 2015, the injured worker presented with complaints of weakness, numbness and tingling in her left leg, radiating into her left foot. She reports she is unable to lift her left leg to climb steps. She had received a sacroiliac injection in April 2015, which provided relief of her burning pain, but it started to return three weeks ago. She is also asking for a trial of different pain medication. She reports nausea, chest tightness and shortness of breath, and has been followed by her primary care physician. All cardiac testing and chest x-ray were within normal limits, and a sleep study and evaluation for panic attacks is underway through private insurance. She has been taking Norco since 2013. Current medication included Zorvolex, Oxycodone, Voltaren gel, and Lunesta. Objective findings included; ambulates slowly without the use of assisted devices; decreased range of motion of the back due to pain and tenderness; L4-S1 sensory deficits in the bilateral lower extremities; bilateral straight leg raise, left greater than right; decreased range of motion in the bilateral hips and knees with crepitus and right wrist tenderness. Diagnoses are lumbar degenerative disc disease; lumbar facet arthropathy; post laminectomy syndrome; lumbar radiculitis; sciatica. Treatment plan included a refill of Oxycodone and at issue, a request for authorization for a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar spine MRI without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2001 and underwent a lumbar spine decompression and fusion in November 2004. She has a diagnosis of failed back surgery syndrome. An MRI of the lumbar spine in November 2014 included findings of left lateralized L5-S1 enhancing granulation tissue. When seen, she felt her left leg was weak and she was having left lower extremity numbness and tingling to her foot. She was having difficulty lifting her leg when ascending stairs. Physical examination findings included decreased cervical spine range of motion. She was ambulating slowly. There was decreased and painful lumbar spine range of motion with tenderness. There was positive straight leg raising. There was decreased lower extremity strength and sensation. Authorization for a repeat lumbar spine MRI was requested. The same neurological findings were present when seen in March 2015. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. A repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent change in physical examination findings suggestive of significant new pathology. The requested repeat MRI less than 8 months after the prior scan was not medically necessary.