

<b>Case Number:</b>	CM15-0166751		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 40-year-old male, who sustained an industrial injury on July 7, 2011, incurring upper and lower back injuries from heavy lifting. He was diagnosed with cervicalgia, lumbar disc disease and lumbago. Electromyography studies were unremarkable. Lumbar Magnetic Resonance Imaging revealed a small disc herniation. Treatment included transcutaneous electrical stimulation unit, custom lumbar brace, pain medications, anti-inflammatory drugs, anti-anxiety medications and topical analgesic cream. Currently, the injured worker complained of persistent low back pain radiating into the right hip, the bilateral hamstrings with numbness and tingling. He noted prolonged standing aggravated the pain, stooping and bending. The treatment plan that was requested for authorization included a lumbar spine Magnetic Resonance Imaging without contrast.

### 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:** 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), Treatment Index, 13th Edition (Web), 2015, Low back.

**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 chapter, MRI.

**Decision rationale:** The patient presents with frequent to constant severe neck and low back pain. The current request is for Lumbar spine MRI without contrast. The treating physician's report dated 07/14/2015 (23B) notes an antalgic gait to the left, positive SLR bilaterally, and a limited lumbar spine active range of motion with pain. The patient's last MRI of the lumbar spine was from 03/08/2012 (19B). The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that 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 would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines under the Low Back chapter on MRI also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. In this case, while there is no report of new trauma, the examination from 07/14/2015 show significant changes in the patient's symptoms including a positive SLR, antalgic gait and limited active range of motion in the lumbar spine. Given that the patient's last MRI was from 2012, an updated MRI scan is supported by the guidelines. The current request is medically necessary.