

Case Number:	CM15-0168266		
Date Assigned:	09/08/2015	Date of Injury:	07/20/2002
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female, who was injured on the job on 7-20-2002. The request for authorization dated 8-6-2015 is for a magnetic resonance imaging of the lumbar spine. On 8-13-2015, the UR issued a non-certification of the request for a magnetic resonance imaging of the lumbar spine due to "no documentation of physical examination findings to substantiate a significant change in the patient's neurologic deficits, and prior magnetic resonance imaging study accounting for the patient's current signs and symptoms". She has been diagnosed with: Sacroiliac instability and acquired spondylosis. Subjective findings on 3-4-2015 indicated she was seen for follow up regarding back pain and is currently having stiffness of the low and upper back areas. She rated her pain a 9 out of 10. On 7-13-2015, she reported pain in the low back and upper back areas. She also reported numbness of the legs, and pain to the hips and right knee and elbow. She rated her pain 7 out of 10. She indicated that on 7-23-2014 she had fallen after her back gave out. Objective findings on 3-4-2015 revealed her blood pressure to be 130 over 78; no apparent distress; gait and station without abnormalities; bones, joints and muscles were noted as unremarkable, and muscle strength was within normal limits. She appeared to be uncomfortable and tenderness was noted in the low back area. There was a slight increase in pain with a straight leg raise test, and no lower extremity weakness was noted. She was noted to be positive for stork maneuver, Faber, Gainslen's, and the Patricks maneuver on the right had been markedly worsened from previous examinations. On 7-13-2015, her gait and station are noted to have no abnormalities. Her bones, joints and muscles are documented to be unremarkable, and muscle strength was within normal limits. Testing revealed a positive pelvic

thrust on the right, positive stork, Faber, Gainslen's, and Patricks maneuver on the right. Treatments to date have included: Sacroiliac joint injections (3-23-2013) were given with noted substantial benefit of 100% for 2 weeks and ongoing pain relief of 70%. Previous sacroiliac joint injections (9-20-2010, 3-21- 2010, and 6-22-2011) were noted to have given significant benefit. She is also noted to have substantial benefit from medications. Lumbar spine x-rays (7-10-2015), revealed a grade 1 anterolisthesis of L4 and L5 on flexion with a reduction on extension, and no acute fractures. Diagnostic findings: Urine drug screen (12-10-2014) was within normal limits as noted per the provider. Magnetic resonance imaging of the lumbar spine (6-9-2008) showed degenerative loss, Schmorl's node end plate changes, and borderline hypertrophic facets per notation by the physician. Work status: She is noted to be Permanent and stationary per an AME report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.