

<b>Case Number:</b>	CM15-0181634		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/22/1993
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 71 year old male who sustained an industrial injury on 8-22-93. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease, bulging lumbar disc and lumbar facet arthropathy. Medical records dated 9-16-15 indicate pain rated at 4 to 6 out of 10. Provider documentation dated 9-16-15 noted the work status as retired. Treatment has included Gabapentin since at least August of 2015, Norco since at least August of 2015, physical therapy, and status post pain pump insertion. Objective findings dated 9-16-15 were notable for slow gait, use of a cane, unable to heel toe walk. The original utilization review (8-14-15) denied a request for a lumbar spine magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L-spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRIs (magnetic resonance imaging) (L-spine).

**Decision rationale:** The 71 year old patient complains of chronic low back pain, rated at 4-6/10, radiating to both legs and feet, as per progress report dated 08/11/15. The request is for L-SPINE MRI. The RFA for this case is dated 08/13/15, and the patient's date of injury is 08/22/93. The patient is status post intrathecal pump implantation in 1999, as per progress report dated 08/11/15. However, an interrogation of the pump during the visit revealed it is almost dead. Diagnoses, as per the 08/11/15 progress report, included lumbar degenerative disc disease, bulging lumbar disc, and lumbar facet arthropathy. Oral medications included Norco and Gabapentin. The patient has retired, as per the same progress report. ACOEM Guidelines, chapter 8, Low Back Complaints 2004 and Special Studies, 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 under 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. In this case, the progress reports available for review do not document a prior lumbar MRI, although, given the patient's date of injury, it is reasonable to assume that the patient did get the imaging study done in the past. The current request is noted in progress report dated 08/11/15. The treater states that the patient does not even recall when [when] he had his last MRI study. Physical examination revealed abnormal gait and inability to perform heel-toe walking. The treater does not document any other deficits. ODG Guidelines do not support MRIs unless neurologic signs/symptom are present. Additionally, the patient is not post-op, there are no red flags, and the patient does not present with a new injury to warrant a new set of MRI's. Hence, the request IS NOT medically necessary.