

<b>Case Number:</b>	CM15-0181789		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/19/2005
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/14/2015
<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:

This is a 39-year-old male with a date of injury of October 19, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, long-term use of medications, lumbago, and chronic neck pain. Medical records dated July 7, 2015 indicate that the injured worker complains of lower back pain with radiation to the bilateral lower extremities left greater than right, and feet becoming numb with bending over. Records also indicate pain rated at a level of 6 out of 10. A progress note dated September 2, 2015 notes subjective complaints of pain rated at a level of 6 out of 10, pain in the left lower back with radiation to the left buttock down to the foot, and numbness to the bilateral feet. The physical exam dated July 7, 2015 reveals facet tenderness bilaterally on the lumbar spine, worsening pain with axial loading of the lumbar spine, decreased range of motion of the lumbar spine due to pain (especially extension), radicular pain at the L4-5 and L5-S1 levels on the left and L5-S1 level on the right, and positive straight leg raise bilaterally. The progress note dated September 2, 2015 documented a physical examination that showed lumbar range of motion limited by pain, no tenderness over the lumbar paraspinal muscles, no facet tenderness with deep palpation, and negative straight leg raise. Treatment has included twelve sessions of physical therapy, massage therapy, radiofrequency ablation, lumbar disc replacement, medications (Norco since at least June of 2015; Gabapentin, Ibuprofen, and Omeprazole since at least August of 2015), and chiropractic treatments. Prior magnetic resonance imaging of the lumbar spine (2005) showed moderate bilateral facet joint arthropathy, degenerative disc disease with mild thinning at the lumbosacral interspace, and disc bulging. The original utilization

review (September 14, 2015) non-certified a request for x-ray of the lumbar spine and magnetic resonance imaging of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-ray of the lumbar spine:** 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.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, 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. In regards to the x-ray of the lumbar spine, the patient does not meet guideline criteria. The provider is requesting an x-ray given that this patient's lumbar spine pain has failed to resolve, though has not documented any significant recent trauma or significant neurological deficit such as decreased sensation along a specific dermatomal distribution. There is evidence of subjective reports of a "pins and needles" sensation, however the provider does not indicate a specific dermatomal distribution on exam, and straight leg raise testing is negative bilaterally. The Official Disability Guidelines do not support repeat x-rays in the absence of red flags - even if the pain has persisted despite conservative measures - owing to the risk of false positives, which are not the source of the complaint. Without documentation of red flags or neurological deficit in a dermatomal distribution consistent with the lumbar spine or other "red flags" indicative of progressive injury, the request cannot be substantiated. The request is not medically necessary.

**MRI of the lumbar spine:** 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, Magnetic Resonance Imaging.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, 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. According to the Official Disability Guidelines, indications for magnetic resonance imaging includes uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI 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, and recurrent disc herniation). In regards to the request for a repeat MRI of

the lumbar spine, the provider has not provided evidence of progressive neurological deficit. Per progress note dated 09/02/15, the provider indicates that this patient's last MRI was in 2005 and wishes for an updated version for comparison. The progress note associated with this request, dated 09/02/15, does include subjective reports of "pins and needles" sensation, however the provider does not indicate a specific dermatomal distribution on exam, and straight leg raise testing is negative bilaterally. There is no discussion of re-injury, progressive neurological deficit, or other "red flags" which would warrant repeat imaging. Without such documentation, repeat imaging cannot be substantiated. The request is not medically necessary.