

<b>Case Number:</b>	CM15-0182105		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/06/2015
<b>Decision Date:</b>	10/27/2015	<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, Indiana, New York  
Certification(s)/Specialty: Internal 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 63 year old female who sustained an industrial injury on 6-6-15. Diagnoses include status post-operative anterior discectomy and interbody fusion C6-7 (1995); spontaneous fusion C7-T1 following motor vehicle accident (1987); cervical radiculitis left, secondary to ruptures disc C3-4 and C5-6; thoracic sprain-strain; lumbar spinal sprain, possible ruptured lumbar disc. She currently (7-31-15) complains of pain in the back of the neck radiating into the outer aspect of the left upper arm and then into the forearm; low back pain mainly on the left side. On physical exam there was limited range of motion of the neck; the lumbar spine revealed pain in the paralumbar region to the left of the midline with decreased range of motion, straight leg raise on the right causes left paralumbar pain at 60 degrees and straight leg raise on the left causes paralumbar pain at 45 degrees. She has a normal gait and can walk on heels and toes. Diagnostics include MRI of the cervical spine (6-3-15) showing partial fusion at C7-T1, C6-7, disc bulge, bilateral neuroforaminal stenosis. Treatments to date include physical therapy with benefit; medication: ibuprofen. In the progress note dated 7-31-15 the treating provider's plan of care included a request for MRI of the lumbar spine. The request for authorization was for MRI of the lumbar spine and was dated 8-2-15. On 8-14-15 Utilization Review evaluated and non-certified the request for MRI of the lumbar spine based on no documentation of a condition-diagnosis with supportive subjective-objective findings for which an MRI is indicated (radiculopathy after at least one month of conservative therapy) per MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without dye is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are status post operative anterior discectomy and interbody fusion C6 - C7; spontaneous fusion C7 - T-1 following automobile accident in 1987; left cervical radiculitis secondary to disk rupture C3 - C4 and C5 - C6; thoracic spine strain; and lumbar spine strain. According to a July 31, 2015 neurosurgical progress note, subjective complaints include ongoing neck pain, low back pain with radiation to the lower extremities. Objectively, there is decreased range of motion at the lower back. Gait is normal. Lower extremity strength is intact and sensory examination is normal. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There are no red flags present. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no unequivocal objective findings that identify specific nerve compromise and no red flags, MRI of the lumbar spine without dye is not medically necessary.