

<b>Case Number:</b>	CM15-0182152		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male, who sustained an industrial-work injury on 5-19-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with relative new onset of right greater than left leg pain, sciatica, and severe lumbar degenerative disc disease (DDD) at L5-S1 with neuroforaminal stenosis. Medical records dated 8-11-15 indicate that the injured worker complains of severe low back pain and stiffness and the physician indicates that since April of 2015 he has had increased pain involving the right greater than left buttock, thigh and leg with numbness and loss of sensation involving the right foot, ankle and leg. The injured worker notes that the symptoms are constant but fluctuate in intensity and are worse with activity. He also reports mild weakness involving the right foot and ankle. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 6-18-15 the injured worker has not returned to work. The physical exam dated 8-11-15 reveals that the injured worker walks with a mildly slowed gait and has a slight right-sided limp. The thoracolumbar spine exam reveals mild low back pain and guarding with range of motion. The bilateral lower extremity exam was done and the physician indicates that there is "normal motor and sensory exam with the exception of right foot, ankle and leg but there is loss of sensation." The physical exam dated 5-12-15 the physician indicates that the injured worker walks with a normal gait and the bilateral lower extremities reveal a normal motor and sensory exam. Treatment to date has included pain medication including Norco, Gabapentin and Naproxen, activity modifications, physical therapy, diagnostics and other modalities. Magnetic resonance imaging dated 6-28-14 reveals advanced discogenic

disease L5-S1 with high grade foraminal stenosis, large protrusion and gutter stenosis L4-L5 and as compared to the previous study from 2012; the above findings are very similar. The request for authorization date was 8-11-15 and requested service included Repeat MRI (magnetic resonance imaging), Lumbar spine without contrast. The original Utilization review dated 8-20-15 non-certified the request as per the MTUS and ACEOM guidelines there is no defined neurologic change to the clinical picture from the time the Magnetic Resonance Imaging (MRI) was done in 2014 to the present. There are no objective findings of nerve compromise on neurologic exam and there is no evidence of study being done showing evidence of radiculopathy.

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

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

**Repeat MRI (magnetic resonance imaging), Lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a 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). The documentation submitted does not reveal a significant change in physical exam, or a red flag diagnoses. It is not clear how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.