

<b>Case Number:</b>	CM15-0187351		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/22/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 injured worker is a 63 year old female who reported an industrial injury on 8-22-2002. Her diagnoses, and or impressions, were noted to include: bilateral sacroiliac, piriformis compressive sciatica, trochanteric bursitis with ilio-tibial band syndrome, right > left; and low back pain. No current imaging studies were noted. Her treatments were noted to include: right sacroiliac joint, piriformis and trochanteric bursa injections (4-28-15), ineffective; and a neurosurgeon consultation (July or Aug., 2015). The orthopedic progress notes of 8-26-2015 reported further follow-up, status-post sacro-iliac joint injection on the right side with piriformis injection and a trochanteric bursa injection that did not help; that 3-4 previous injections also did not give her much in the way of improvement; review of previous x-rays that noted external listhesis at lumbar 3-4, and magnetic resonance imaging studies that showed lumbar 3, 4 & 5 with neural foramina bilaterally, left-sided protrusion at lumbar 2-3; complaints of decreasing strength in her low back and wanting to be seen by a neurosurgeon. The objective findings were noted to include: left-sided protrusion with worsening, decreasing strength; and that the magnetic resonance imaging studies from 10-2009 were 6 months old, too old to be used by the neurosurgeon. The physician's requests for treatment were noted to include new magnetic resonance imaging studies for consultation basis with the neurosurgeon. The Request for Authorization, dated 9-2-2015, was for magnetic resonance imaging of low back. The Utilization Review of 9-16-2015 non-certified the request for magnetic resonance imaging studies of the low back, without contrast.

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

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

**MRI of the low back without contrast:** 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 rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific progressive change in clinical findings as the patient has unchanged neurological exam findings without any acute flare-up or new injury to indicate repeating the imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the low back without contrast is not medically necessary and appropriate.