

<b>Case Number:</b>	CM15-0188433		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 32 year old male, who sustained an industrial injury on 1-31-2007. The medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis without myelopathy and with radiculopathy. According to the progress report dated 9-3-2015, the injured worker presented with complaints of low back pain with radiation into the right lower extremity, associated with numbness, tingling, and weakness. His pain is present constantly and is worse with walking, prolonged sitting, physical activity, and intercourse. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation, decreased range of motion, positive straight leg raise test on the right, reduced motor strength (4 out of 5) in the right leg, and diminished sensation to light touch in the right leg. The current medications are Gabapentin, Norco, Flexeril, Mirtazapine, Lexapro, and Omeprazole. Previous diagnostic studies include electrodiagnostic testing (3-5-2011) and MRI (3-14-2007). The EMG- NCS showed right L5 radiculopathy. The MRI showed facet arthritis of L3-4, L4-5, and L5-S1. Treatments to date include medication management. Work status is described as not working. The original utilization review (9-14-2015) had non-certified a request for MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (lumbar spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back - Lumbar & Thoracic (Acute & Chronic) updated 07/17/15.

**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, MRIs (magnetic resonance imaging) (L-spine).

**Decision rationale:** The patient presents with low back pain radiating to the right lower extremity. The request is for MRI (LUMBAR SPINE). Physical examination to the lumbar spine on 08/28/15 revealed tenderness to palpation to the paraspinal muscles. Per 07/31/15 Request For Authorization form, patient's diagnosis include lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and myofascial pain. Patient's medications, per 06/19/15 Request For Authorization form include Omeprazole, Cyclobenzaprine, and Gabapentin. Patient is not working. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. The treater has not specifically addressed this request. Review of the medical records provided indicate that the patient had an MRI of the lumbar spine on 03/14/07 which showed facet arthritis of L3-4, L4-5, L5-S1. ODG guidelines states that "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, recurrent disc herniation)." In this case, the treater has not documented any significant change in symptoms or findings indicating a significant pathology. Furthermore, per utilization review letter dated 09/14/15, the patient was certified a request for lumbar MRI. This request IS NOT medically necessary.