

<b>Case Number:</b>	CM15-0188796		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<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:

This is a 44 year old male with a date of injury on 9-9-14. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. Progress report dated 8-25-15 reports increased lower back pain with radiation into the left leg and thigh with increasing numbness over both big toes. The pain level has increased since last visit (7-21-15) from 7 out of 10 to 9 out of 10 and average pain 8-9 out of 10. He reports his activity level has decreased. Objective findings: there is lumbar spine tenderness on palpation in the paravertebral muscles on both sides, straight leg raising test is positive on both sides in sitting at 90 degrees and faber test is negative. Previous MRI revealed lumbar degenerative changes, facet ligamentous flavum hypertrophy with small disc bulges. Treatments include: medication, physical therapy, lumbar corset and pain management. Request for authorization dated 8-28-15 was made for MRI of the lumbar spine. Utilization review dated 9-3-15 non-certified the request.

### 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:** Upheld

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

**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, under MRIs.

**Decision rationale:** The patient presents on 08/25/15 with lower back pain rated 8-9/10 which radiates into the left lower extremity and associated numbness and tingling in the affected extremity. The patient's date of injury is 09/09/14. The request is for MRI OF THE LUMBAR SPINE. The RFA is dated 08/28/15. Physical examination dated 08/25/15 reveals tenderness to palpation of the lumbar paraspinal musculature, positive straight leg raise test bilaterally, and normal neurological function (unspecified). The patient is currently prescribed Vicodin. Patient is currently classified as temporarily totally disabled. MTUS/ACOEM Guidelines, Low Back Complaints, 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." Official Disability 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for a repeat MRI of the lumbar spine, the treater has not provided evidence of progressive neurological deficit. Per QME dated 06/24/15, the provider indicates that this patient underwent a lumbar MRI at a date unspecified following the initial injury, with degenerative disc changes without any significant neural foraminal or spinal stenosis. The progress note associated with this request, dated 08/25/15, includes subjective reports of radiculopathy in the left lower extremity; however the provider does not indicate any neurological deficits in the lower extremities on exam. 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.