

<b>Case Number:</b>	CM15-0188816		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<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: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 7-15-09. The injured worker was diagnosed as having neck pain; low back pain. Treatment to date has included TENS unit; chiropractic therapy; medications. Diagnostics studies included MRI lumbar spine (2-23-12). PR-2 notes dated 4-20-15 indicated the injured worker was in the office for ongoing neck, back and shoulder pain. The provider notes she continues to do well on the current medication regimen of tramadol and Motrin. She is able to decrease medication use with the TENS unit. The provider documents the results of a MRI of the lumbar spine from 2-23-12 as: "showed disk dessication at L3-L4, L4-L5 and L5-S1. There is an annular tear at L4-L5 and L5-S1. Posterior bulging disk is noted at these levels, but I do not see evidence of disk herniation or stenosis." PR-2 notes dated 7-13-15 indicated the injured worker was in the office for ongoing neck, back and shoulder pain. She continues to do well on current medications regimen with no adverse side effects or aberrant behaviors as noted by the provider. He will refill her tramadol and Motrin on this visit. She also reports she continues to use H-wave unit at home which is "quite helpful as well". She would like to try chiropractic and reports she has never tried this type of therapy to help decrease her pain levels. The provider documents "Ongoing tenderness to cervical and lumbar paraspinal muscles. Neurologically intact. She is ambulating normal gait." He refilled her medication prescriptions, requested chiropractic therapy trial of 6 sessions and would see her back in 3 months. The PR-2 dated 8-18-15 indicates the injured worker returns stating she is having persistent pain. She has had a couple chiropractic visits. The chiropractor - "He was concerned about the 'annular tears and persistent low back pain that the

patient has. He made a couple of recommendations." The provider documents "She states that her pain level is 7-8 out of 10. It is located in bilateral low back with proximal radiation of symptoms to left hip. Without medications, her pain is 8 out of 10; with medications, it goes down to 3 out of 10. She states she has enough medications and does not need refills today." Objective findings are documented by the provider as "She had diminished range of motion of lumbar spine. Straight leg raise test were negative bilaterally. She demonstrated normal gait and stance. She has normal strength in both lower extremities." His treatment plan includes a spine surgical consult and an updated MRI of the lumbar spine to evaluate the annular tears to see if they have gotten worse. She also wants an orthopedic mattress as well. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-17-15 and non-certification was for MRI of the lumbar spine. A request for authorization has been received 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 of the 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 (ODG), Repeat MRI.

**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/ Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines do not recommend spinal MRI studies unless there are suspected "red flag" conditions and/or neurological changes that are worsening or persistent. ODG Guidelines are consistent with this recommendation and they specifically do not recommend repeat MRI studies unless there is a substantial change in an individual's condition. This individual does not meet these criteria. Without neurological changes that correspond to MRI findings an MRI is not accurate at determining pain generators and looking for disc changes without neurological changes has been described as a "tar baby" in that the results do not and should not change treatment. If there is a surgical consultation and she qualifies for procedural intervention and MRI can be re-requested if medically appropriate. But, under the current circumstances, the requested repeat lumbar MRI is not supported by Guidelines and is not medically necessary.