

<b>Case Number:</b>	CM15-0189193		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<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 60 year old male, who sustained an industrial injury on 05-11-2011. The injured worker is currently retired and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for spinal stenosis of lumbar region with neurogenic claudication. Treatment and diagnostics to date has included medications. Medications have included Norco, Omeprazole, and Belsomra. After review of the most recent progress notes received (dated 04-23-2015 and 05-21-2015), the injured worker reported chronic back pain. Objective findings included slow gait. The Utilization Review with a decision date of 08-25-2015 non-certified the 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 of Lumbar Spine:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging) (L-spine).

**Decision rationale:** Based on the 4/23/15 progress report provided by the treating physician, this patient presents with chronic back pain, rated 5/10 on VAS scale for two hours when patient takes Norco. The treater has asked for MRI of lumbar spine but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's pain level is 10/10 on VAS scale without medications. The patient's back pain is described as radicular and he has a positive straight leg raise per 2/23/15 report. The patient states that the pain level without Norco is unbearable per 4/23/15 report. The patient is housebound without Norco, and complains of insomnia with recent passing of his brother per 5/21/15 report. The patient's work status is permanent and stationary per 4/23/15 report. MTUS/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 Guidelines, Low back chapter, under 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Review of the reports did not show any evidence of lumbar MRIs being done in the past. Utilization review letter dated 8/25/15 denies request due to lack of physiologic evidence of nerve root compromise, and as patient is not being considered for surgery. A physical exam per requesting 5/21/15 report showed tenderness to low back, very limited forward flexion, and a bilateral positive straight leg raise. In this case, the patient has persistent radicular back pain with lower extremity symptoms. As there is no evidence of prior imaging, the requested lumbar MRI is reasonable for further evaluation. Therefore, the request is medically necessary.