

<b>Case Number:</b>	CM15-0189920		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 52 year old male, who sustained an industrial injury on 5-22-1997. The injured worker was being treated for post lumbar laminectomy syndrome, lumbar radiculopathy, and intrathecal pain pump placement in 2013. Medical records (7-7-2015 to 9-1-2015) indicate ongoing low back pain radiating down the right leg and near falls. The medical records show an increase in the subjective pain rating 6 of 10 with medications and 9 out of 10 without medications on 7-7-2015 to 9 out of 10 with medications and 10 out of 10 without medications on 9-1-2015. The physical exam (7-7-2015 to 9-1-2015) revealed a slow and antalgic gait without an assistive device. There were surgical scars in the right lumbar paraspinals area, restricted lumbar range of motion, and palpable hypertonicity, tenderness, and tight muscle band of the bilateral paravertebral muscles. There was tenderness on L4 (lumbar 4) and L5 (lumbar 5), a positive right straight leg raise, bilateral ankle and patellar jerk was 2 out of 4, and tenderness over the bilateral posterior iliac spine. There was 5- out of 5 motor testing of the bilateral lower extremities limited by pain. There was decreased sensation of the lateral and medial foot, medial and lateral calf, and posterior and lateral thigh bilaterally. On 8-3-2012, x-rays of the lumbar spine revealed no acute traumatic pathology. Treatment has included an intrathecal pain pump, and medications including pain, antianxiety, and antipsychotic. Per the treating physician (9-1- 2015 report), the injured worker was not currently working. The requested treatments included an MRI of the lumbar spine. On 9-10-2015, the original utilization review non-certified a request for an 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse tenderness and sensation with intact motor strength and reflexes. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, 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 electrodiagnostic 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 for this chronic 1997 injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this 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 Lumbar Spine is not medically necessary and appropriate.