

<b>Case Number:</b>	CM15-0192582		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Texas, Florida, 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 52 year old female, who sustained an industrial injury on 01-03-2015. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar back sprain, sciatica, degenerative disc disease and left lower extremity radicular pain along with symptoms of motor radiculopathy in the L5 distribution. MRI of the lumbar spine on 03-04-2015 showed 4 mm broad-based posterior disc bulge at L4-L5 causing mild to moderate bilateral neural foraminal narrowing and minimal central canal stenosis, 4 mm broad-based disc bulge at L3-L4 causing mild to moderate bilateral neural foraminal narrowing, left greater than right and 3 mm central disc bulge at L5-S1 with focus of high T2 signal intensity, worrisome for annular tear. Treatment to date has included pain medication, chiropractic therapy and physical therapy, which were noted to have failed to significantly relieve the pain. In progress notes dated 06-23-2015, 07-21-2015 and 08-18-2015, the injured worker reported sharp pain in the low back radiating to the legs with numbness, sharp burning pain in the left leg intermittently with radiating pain from the left leg into the left foot as well as burning sharp pain in the right leg which is present intermittently and radiating from the right leg into the right knee. Objective examination findings on 06-23-2015, 07-21-2015 and 08-18-2015 revealed positive paraspinal muscle tenderness and paraspinal muscle spasms and gluteal-sciatic notch tenderness bilaterally, decreased lumbar range of motion and positive straight leg raise on the left in the seated and supine position. The injured worker was noted to be off work. On 08-18-2015, the physician noted that the injured worker had failed conservative treatment and was avoiding taking medication and although she was highly motivated to return to work she was in no condition to

do so. The physician noted that authorization of a left L4-L5 and L5-S1 transforaminal epidural injection was being requested and that if authorization for the injection was not given, the physician was requesting authorization for a new MRI of the lumbar spine. A request for authorization of MRI of the lumbar spine was submitted. As per the 09-09-2015 utilization review, the request for MRI of the lumbar spine was non-certified.

### **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.

**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, MRI.

**Decision rationale:** American College of Occupational and Environmental Medicine Page 303, Low Back Complaints in this case, an MRI had already been accomplished fairly recently on 3-4-15. There is continued pain. Although there are subjective dermatomal symptoms, there are no objective signs. The reason given for the MRI was it would be done if an epidural was not authorized, but no clinical rationale was provided as to why a repeat was essential was given. Under MTUS/ACOEM, although there is subjective information presented in regarding pain, there are no accompanying objective physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first before advanced imaging. They note, "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000) Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria. The request is not medically necessary.