

<b>Case Number:</b>	CM15-0195504		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 63 year old female who sustained an industrial injury on 08-09-2000. On 03-20-2015, the injured worker reported pain that was rated 6-7 on a scale of 1-10. Location of pain was not documented under subjective complaints. Objective findings included low back tenderness. Diagnoses included chronic low back pain. The treatment plan included continuation of Norco and Soma. According to an initial comprehensive primary treating physician's evaluation dated 09-01-2015, the injured worker reported severe pain in her low back on the date of injury. Treatment to date has included medications, physical therapy, acupuncture and epidural injections. Current medications included Nortriptyline, Gabapentin, Lorazepam, Estradiol, Atorvastatin and Metoprolol. She reported "significant" pain and discomfort in her lumbar spine going into her legs mostly left. Pain was rated 6. She reported numbness into her left buttocks. The provider noted that the injured worker could flex 90 degrees, extend 20 degrees but at endpoints she had pain in her low back going into her left leg. She could rotate 30 degrees both directions, at the endpoints having pain in low back going into the left leg. She had tilting 30 degrees with no pain or discomfort. Leg lift was positive on the left at 60 degrees. She could stand on her toes. She walked with a normal gait. She had normal sensation in all dermatomes lumbar and cervical. Normal strength was noted of her abductor hallucis longus and foot flexors. The provider noted that the last MRI was done almost 10 years ago and that there was not a current MRI available. The treatment plan included a lumbar MRI. The injured worker was claustrophobic so a request was being made for an open unit. The injured worker was on permanent disability. Further recommendations were to be made following the MRI. Soma,

Naproxen and Omeprazole was prescribed. Follow up was indicated in 4 weeks. An authorization request dated 09-17-2015 was submitted for review. The requested services included lumbar MRI in open unit. On 09-24-2015, Utilization Review non-certified the request for open lumbar MRI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Open Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

**Decision rationale:** The current request is for an open lumbar MRI. Treatment to date has included medications, physical therapy, pool therapy, acupuncture and epidural injections. The patient is temporarily totally disabled. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." According progress report 09/101/15, the patient reported pain in her lower back into the left leg. She reported numbness into her left buttocks. On examination the patient could flex 90 degrees, extend 20 degrees but at endpoints she had pain in her lower back going into her left leg. She could stand on her toes, and walked with a normal gait. She had normal sensation in all dermatomes of the lumbar. Normal strength was noted of her abductor hallucis longus and foot flexors. The treater states that the last MRI was done almost 10 years ago and a request was made for an updated lumbar MRI. The patient is claustrophobic, requiring an open unit. According to the treater, the patient had a previous MRI of the lumbar spine 10 years ago. For an updated or repeat MRI, the patient must present with new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, examination findings did not reveal significant neurological deficits, and this patient does not present with any other condition to warrant a repeat MRI study. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.