

<b>Case Number:</b>	CM15-0198183		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/01/2003
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 10-01-2003. The injured worker was being treated for lumbago, lumbar spinal stenosis, L4-5 and L5-S1 per magnetic resonance imaging, lumbar disc displacement, and lumbosacral neuritis, not otherwise specified. Treatment to date has included diagnostics, home exercise, and medications. Currently (9-03-2015), the injured worker complains of "recent increased pain with radicular symptoms to the left leg", and weakness of both legs. She denied any bowel or bladder changes and "has not been getting her medications as prescribed". Pain was rated 5-6 out of 10 (rated 4-5 out of 10 on 3-20-2015). Current medication was documented as "Neurontin". Physical exam of the lumbosacral spine noted scoliosis, range of motion decreased due to pain with flexion and extension, and moderate tenderness of the lumbosacral spine and paraspinals, with mild paralumbar muscle tightness. Motor exam noted "decreased left foot dorsiflexion and proximal muscle strength bilaterally" (motor exam 3-2015 noted decreased proximal muscle strength of the lower extremities) and sensory exam noted "decreased light touch and pin prick sensation in the L5-S1 distribution on the left" (equal to light touch in bilateral lower extremities in 3-2015). Positive straight leg raising was documented (negative in 3-2015). Magnetic resonance imaging of the lumbar spine was referenced, date not specified. The treating physician documented that her last magnetic resonance imaging of the lumbar spine "was 10 years ago". Work status was permanent and stationary. It was not clear if any conservative measures were undertaken since exam on 3-20-2015. The treatment plan included magnetic resonance imaging of the lumbar spine, non-certified by Utilization Review on 9-16-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbago; spinal stenosis lumbar L4-L5 and L5-S1; lumbar disc displacement; lumbosacral neuritis NOS; and cervicalgia. Date of injury is October 1, 2003. Request for authorization is September 8, 2015. The medical record contains 26 pages. According to a September 3, 2015 progress note, subjective complaints include in low back pain. There is radicular left leg pain with weakness 6/10. Objectively, there is tenderness to palpation at the lumbar spine with decreased range of motion. There is decreased sensation to touch at L5-S1 on the left. A clinical entry regarding an MRI of the lumbar spine is present in the medical record progress note. The MRI is undated. Results (unofficial) showed L4-L5 degenerative disc disease with more disk herniation. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination to warrant imaging. There are no red flags noted. Additionally, it is unclear whether this is a request for a repeat MRI of the lumbar spine. The documentation indicates the MRI is being requested for clinical correlation of an MRI performed 10 years ago. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with an undated lumbar spine MRI, no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology and no unequivocal objective findings that identify specific nerve compromise, MRI of the lumbar spine is not medically necessary.