

<b>Case Number:</b>	CM15-0198602		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial injury on 11-25-13. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy and lumbar herniated nucleus pulposus. Medical records (3-24-15 through 7-28-15) indicated 5-7 out of 10 pain in the lower back. The physical exam (5-26-15 through 7-28-15) revealed diminished sensation over the left L4 dermatome, decreased lumbar range of motion and tenderness to palpation over the paraspinal musculature. As of the PR2 dated 8-25-15, the injured worker reports pain in his neck, left shoulder, left elbow, left wrist and low back. He rates his lower back pain 5-6 out of 10. Objective findings include decreased lumbar range of motion, tenderness to palpation in the lumbar paraspinal muscles and decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Treatment to date has included physical therapy, chiropractic treatments and acupuncture x 18 sessions (dates of service not provided), Cyclobenzaprine and Ketoprofen cream. There is no documentation of the previous lumbar MRI results in the case file. The treating physician requested a 3rd MRI of the lumbar spine. The Utilization Review dated 9-23-15, non-certified the request for a 3rd 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:

**3rd MRI of the lumbar spine: 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), MRIs (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

**Decision rationale:** The claimant sustained a work injury in November 2013 and continues to be treated for chronic back pain with lower extremity radicular symptoms. Treatments have included physical therapy, chiropractic care, epidural injections, and medications. A lumbar spine MRI was done in June 2014 with findings of multilevel disc herniations with canal and foraminal stenosis. A second lumbar MRI was done in June 2015 with the same findings. In July 2015, a lumbar fusion had been denied and authorization was requested for a multilevel laminectomy. When seen, he was having constant symptoms with lower extremity pain, numbness, and tingling. Pain was rated at 5-6/10. Physical examination findings included lumbar paraspinal muscle, quadratus lumbar, and lumbosacral junction tenderness. There was a left posterior superior iliac spine trigger point. He had left sciatic notch tenderness. There was decreased lumbar spine range of motion. He had decreased lower extremity strength and sensation. Another lumbar spine MRI is being requested. Guidelines recommend against repeat diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than on maintaining and increasing functional outcomes. A repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The requested third lumbar MRI is not medically necessary.