

<b>Case Number:</b>	CM15-0198890		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/04/2015
<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: New Jersey

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41 year old male who reported an industrial injury on 3-8-2013. His diagnoses, and or impressions, were noted to include lumbar 3-4 disc herniation, status-post lumbar laminectomy-discectomy (1-5-15); and aftercare for musculoskeletal system surgery. No current imaging studies were noted; magnetic resonance imaging lumbar spine was said to be done on 6-22-2014. His treatments were noted to include: a qualified medical evaluation on 2-5-2014; lumbar surgery (1-5-15); multiple lumbar epidural steroid injections (2009, 2010, 2011) - very effective; transforaminal epidural steroid injections x 3; caudal epidural steroid injection x 4 (7-2013) & x 5 (11-2013); 7 aqua therapy sessions; stopped due to flare-up; ice therapy; 4 physical therapy sessions (3-2015); held due to flare-up; medication management with opioid agreement; and modified work duties. The progress notes of 9-1-2015 reported: a 28 day post-operative follow-up and having been on modified work duties since 4-8-15; that he had been seen by a neurosurgeon; of a flare-up of severe pain, 6 weeks prior during a 2 hour drive, which started to calm; increased pain to the left buttock with ongoing tingling to the right leg-foot; improved left big toe; the inability to walk much, only 5 minutes; intermittent pain in the right calf; much improved right leg symptoms since surgery, but increased numbness to right lateral calf; improved post-operative pain with use of 6 Percocet 10 mg per day; awakened 2-3 x a night from soreness; continued pain with cramping in the low back; and that he had a repeat magnetic resonance imaging for new radiculopathy on contra-lateral side. The objective findings were noted to include: moderate distress; slow gait with use of cane; seated leaning to the left side with arm assist to standing position; positive tri-pod; 30 % of minimal extension and pain in

lumbar range-of-motion; mild decrease in left lumbar 5; a reported 70% overall improvement; and that it was not entirely surprising that he was still with some residual pain because the disc was partially calcified. The physician's requests for treatment were noted to include holding physical therapy, concentrate on weight reduction, and await magnetic resonance imaging, more radicular symptoms to the right leg. No Request for Authorization for magnetic resonance imaging, without contrast, for the lumbar spine was noted in the medical records provided. The Utilization Review of 9-4-2015 non-certified the request for magnetic resonance imaging, without contrast, for the lumbar spine.

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

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

#### **Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - MRI (magnetic resonance imaging).

**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.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had exhibited lingering symptoms of radiculopathy and pain although much less after the surgery many months prior to this request. The provider stated that based on the presentation recently, that they were not a candidate for surgery. The request for MRI lumbar spine did not have a specific explanation as to why a repeat image of the area was important, if surgery was not indicated. There was insufficient evidence presented to show significant changes to the presentation to warrant repeat MRI compared to the last MRI completed. Therefore, without a clear indication for this request, the MRI of the lumbar spine is not medically necessary at this time.