

<b>Case Number:</b>	CM15-0200506		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 09-22-2014. The injured worker is currently able to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for chronic lumbar back pain, right leg radicular symptoms, mild anterior wedge fractures of T12 and L1, and diabetes. Treatment and diagnostics to date has included medications. Subjective data (08-11-2015 and 08-28-2015), included neck, upper back, lower back, and bilateral hip pain. Objective findings (08-28-2015) included decreased lumbar range of motion and left sacroiliac tenderness with no paralumbar tenderness noted. The request for authorization dated 08-11-2015 requested MRI lumbar spine, chiropractic treatment, and bone scan spine. The Utilization Review with a decision dates of 09-15-2015 non-certified the request for 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:

**1 MRI of lumbar spine:** Upheld

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

**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 in recent notes complained of bilateral hip, neck and lower back pain, but did not describe anything which resembled lumbar radiculopathy or any other spinal condition which would require an MRI, and symptoms have not become significantly different over time. Physical findings only revealed straight leg raise being positive, which is not a reliable marker alone for radiculopathy. Therefore, this request for lumbar MRI cannot be justified based on the information provided for review and will be considered medically unnecessary at this time.