

<b>Case Number:</b>	CM15-0201165		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/07/2015
<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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 62 year old male who reported an industrial injury on 5-14-2010. His diagnoses, and or impressions, were noted to include: back pain. No imaging studies were noted. His treatments were noted to include medication management, and the continuation of full duty work. The progress notes of 9-30-2015 reported: worsening and increased symptomatology rather than better, with the initial pain in the right leg, which was now with more pain in his left leg. The objective findings were noted to include that he was becoming progressively worse; that surgery had been recommended by the "QME" and denied by insurance; that it had been over a year since the last magnetic resonance imaging, and the need for a new magnetic resonance imaging for his now bilateral pain that radiated into both legs, left > right. The physician's requests for treatment were noted to include new magnetic resonance imaging studies. The Request for Authorization (RFA), dated 9-30-2015, was noted for magnetic resonance imaging of the lumbar spine for pain that radiated down both legs. The Utilization Review of 10-7-2015 non-certified the request for magnetic resonance imaging of the lumbar spine.

### 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:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostc Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to CA MTUS (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, this is part of the California Medical Treatment Utilization Schedule. It states, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 9/30/15. There is no documentation nerve root dysfunction or failure, no specific objective findings noted in the exam, and no documented failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not supported by the cited guidelines and is not medically necessary.