

<b>Case Number:</b>	CM15-0202510		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/25/1999
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old, male who sustained a work related injury on 10-25-99. A review of the medical records shows he is being treated for low back pain. In progress notes dated 9-11-15 and 10-3-15, the injured worker reports low back pain with left leg pain. He reports the pain has gotten worse over the recent past. He describes the pain as hot burning, lancinating and electrical pain that travels down left leg to toes. He has numbness, tingling and weakness. On physical exam dated 10-3-15, sensation and muscle strength is normal. He has negative straight leg raises. No tenderness in back. The provider reviewed the MRI of lumbar spine dated 7-29-14 and revealed "status post anterior and posterior fusion at L4-5 and L5-S1. Diffuse facet arthropathy. No severe foraminal stenosis by report." Treatments have included lumbar spine surgeries x 2, lumbar epidural steroid injections-some benefit, psychotherapy, medication, and home exercises. Current medications include Diazepam, Gabapentin, Hydrocodone-Acetaminophen, Morphine ER, Omeprazole and Tizanidine. He is currently not working. The treatment plan includes a request for a new MRI of the lumbar spine. The Request for Authorization dated 10-6-15 has requests for an MRI of the lumbar spine and for a follow-up visit. In the Utilization Review dated 10-9-15, the requested treatment of an MRI of the lumbar spine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

**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 - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker sustained a work related injury on 10-25-99. The medical records provided indicate the diagnosis include low back pain, status post anterior and posterior fusion at L4-5 and L5-S1. Treatments have included lumbar spine surgeries x 2, lumbar epidural steroid injections-some benefit, psychotherapy, medication, and home exercises. Current medications include Diazepam, Gabapentin, Hydrocodone-Acetaminophen, Morphine ER, Omeprazole and Tizanidine. The medical records provided for review do not indicate a medical necessity for: MRI of the lumbar spine. The medical records indicate this has been an ongoing request at least since 03/2015 following a consultation with a neurosurgeon and it was decided he might need an extension to his lumbar fusion. The MTUS recommends Lumbar MRI in cases with unequivocal findings of neurological deficit, and when the MRI is necessary for surgical planning. Therefore, the request would have been appropriate due to the presence of neurological deficit evidence by lower extremity weakness and positive radiculopathy; however, it is not medically necessary because he has a Lumbar MRI done within a year of this request for Lumbar MRI. Furthermore, the Official Disability Guidelines does not recommend repeat MRI except there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).