

<b>Case Number:</b>	CM15-0204504		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/16/1981
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 an 81 year old female, who sustained an industrial injury on 4-16-1981. Diagnoses include lumbago and lumbar radiculitis. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, TENS unit, epidural steroid injections, and sacroiliac joint injections. On 9-25-15, she complained of ongoing pain in the neck, upper back, mid back, and lower back with radiation to bilateral upper and bilateral lower extremities. The physical examination documented lumbar tenderness with muscle spasms, decreased range of motion, positive lumbar facet loading maneuver bilaterally, and a positive right side straight leg raise test. The plan of care included an MRI of the lumbar spine. The appeal requested authorization for a lumbar spine MRI. The Utilization Review dated 10-8-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

**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 Chapter, under MRIs (magnetic resonance imaging) (L-spine).

**Decision rationale:** The patient presents with pain in her neck, upper back, mid back, lower back and both heels with radiation to both arms and both legs. The request is for MRI lumbar spine. The request for authorization form is not provided. Patient's diagnoses include lumbago and lumbar radiculitis. Physical examination of the lumbar spine reveals range of motion to forward flexion is 30 degrees, extension is 10 degrees, and side bending is 10 degrees bilaterally. There is tenderness to palpation over bilateral lumbar paraspinal muscles consistent with spasms. There is positive lumbar facet loading maneuver bilaterally. There is positive straight leg raise test on the right. The patient's medications include Aspirin, Venlafaxine, Tramadol, and Nabumetone. Per progress report dated 09/25/15, the patient is retired. ODG Guidelines, Low back Chapter, under MRIs (magnetic resonance imaging) (L-spine) states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI 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)." Per progress report dated 09/25/15, treater's reason for the request is "to rule out intraspinal pathology." In this case, the patient continues with low back pain radiating to both legs. Physical exam findings reveal positive lumbar facet loading maneuver and straight leg raise test. Review of provided medical records does not show a prior MRI of the Lumbar Spine. The request appears reasonable and within guideline indications. Therefore, the request is medically necessary.