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| <b>Case Number:</b>   | CM15-0206317 |                              |            |
| <b>Date Assigned:</b> | 10/23/2015   | <b>Date of Injury:</b>       | 05/26/2009 |
| <b>Decision Date:</b> | 12/07/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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: 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 63 year old male who sustained an industrial injury on 05-26-2009. A review of the medical records indicated that the injured worker is undergoing treatment for lumbosacral spondylolisthesis without myelopathy. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience low back pain. Examination demonstrated moderate facet tenderness bilaterally with lumbar range of motion documented as flexion 60 degrees and extension 15 degrees due to pain. Straight leg raise was negative with some left buttock radiating pain. Gait was moderately antalgic. Latest official report of a lumbar magnetic resonance imaging (MRI) performed on 11-13-2012 was included in the review. Prior treatments have included diagnostic testing, pain management, radiofrequency lesioning of medial nerve at L4, L3, L2 and L5 dorsal ramus nerve block on 01-20-2015, 04-15-2014 and 12- 10-2013 and medications. Current medications were listed as Norco and Cyclobenzaprine. Treatment plan consists of continuing medication regimen, continuing activities as tolerated while avoiding exacerbating factors and the current request for magnetic resonance imaging (MRI) of the lumbar spine. On 09-28-2015 the Utilization Review determined the request for magnetic resonance imaging (MRI) of the lumbar spine was 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 without contrast:** 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 Chapter/MRI Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a previous lumbar MRI in November 2012 and there has been no interval change since that MRI. There is no evidence of nerve impairment or other red flag that would warrant a repeat MRI. The request for MRI of the lumbar spine without contrast is determined to not be medically necessary.