

<b>Case Number:</b>	CM15-0206767		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/16/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/24/2015
<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: 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 a 51 year old male, who sustained an industrial injury on 5-16-2015. The injured worker was diagnosed as having ovoid mass of unknown origin, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. On 9-11-2015, the injured worker complains of severe back pain and right shoulder pain. His back pain radiated into both legs "and going up the shoulder", and was more in the right leg than left. Pain was rated 10 out of 10 (unchanged from 7-08-2015). Medications included Tramadol, Acetaminophen, Hydrocodone, Cyclobenzaprine, and Etodolac. Medications were reported as helpful. He was currently working. Exam of the lumbosacral spine noted pain and tight muscles with palpation of the paraspinals, reduced range of motion, and negative straight leg raise. Motor strength was 4 of 5 in the lower extremities and he reported some numbness and tingling in the bilateral L4-5 distribution. Lower extremity reflexes were 1+ on the right and 2+ on the left. Magnetic resonance imaging of the lumbar spine (7-01-2015) was documented to reveal severe multilevel degenerative changes, most notably at L4-L5, where there is a mass in the right neural foramen, an extruded disc fragment versus a synovial cyst, causing compression on the right L4 nerve root, along with degenerative changes causing neural foraminal narrowing at L5-S1. The treatment plan included repeat magnetic resonance imaging of the lumbar spine, with and without contrast, non-certified by Utilization Review on 9-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**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 and Thoracic Chapter, under MRIs Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

**Decision rationale:** The patient was injured on 05/16/15 and presents with back pain and right shoulder pain. The request is for a MRI of the lumbar with and without contrast to get clearance on his mass before proceeding with any further treatment. There is no RFA provided and the patient's current work status is not provided. The patient had a prior MRI of the lumbar spine on 07/01/15 which revealed mass in the right neural foramina at L4-L5 level. MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient has pain with palpation of the paraspinal, tight paraspinal muscles, and a limited range of motion. He is diagnosed with an ovoid mass of unknown origin, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment to date includes diagnostics, chiropractic, physical therapy, and medications. In this case, there is no indication of how an additional MRI of the lumbar spine will provide further information to allow the treater to formulate a treatment plan. Furthermore, there is no evidence of any progressive neurologic deficit to warrant an updated MRI of the lumbar spine. The requested MRI of the lumbar spine IS NOT medically necessary.