

<b>Case Number:</b>	CM15-0208102		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/25/1998
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 56 year old female sustained an industrial injury on 11-25-98. Documentation indicated that the injured worker was receiving treatment for four limb complex regional pain syndrome and chronic low back and right hip pain. Previous treatment included nerve blocks and medications. In a PR-2 dated 5-4-15, the injured worker complained of pain to the shoulder, arms, low back and hips. The injured worker reported that Norco improved her pain from 8 to 9 out of 10 on the visual analog scale to 6 out of 10. In a PR-2 dated 9-30-15, the injured worker complained of worsening low back and right hip pain, rated 7 to 8 out of 10, with radiation to the toes. The injured worker reported that her right leg was buckling and was requesting magnetic resonance imaging lumbar spine. The injured worker reported that there had been no fall, trauma or irritating event. Physical exam was remarkable for positive right straight leg raise and positive jump sign. The remaining objective findings were difficult to decipher. The physician noted that this was a partial flare of complex regional pain syndrome but it was necessary to rule out worsening lumbar disc herniation. The treatment plan included magnetic resonance imaging lumbar spine. On 10-8-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (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 section, MRI.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case the worker complained of worsening pain (acute flare), however, physical findings did not suggest a clear indication for imaging (negative straight leg raise). Also, it was not clearly discussed in the notes as to whether or not surgical or injection intervention would be used based on the results. If it is an acute flare-up, conservative care should be attempted first before considering imaging, and there was no indication for a red flag diagnosis. Therefore, this request for lumbar MRI will be considered medically unnecessary at this time.