

<b>Case Number:</b>	CM15-0208224		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/20/1982
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<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: 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 67 year old female, who sustained an industrial-work injury on 9-20-82. She reported initial complaints of low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medication, acupuncture, surgery (back in 1984 and 2006), and diagnostics. MRI results were reported on 3-1-13 of the lumbar spine demonstrated L4-5 prior laminectomy with prominent 1.2 cm anterior extradural defect, extends to the paracentral right and to the left neural foraminal exit zone, high grade bilateral neural foraminal exit zone compromise, right greater than left, with deformity of the right anterior thecal sac. Currently, the injured worker complains of moderate low back pain that radiates to her bilateral lower extremities. Per the primary physician's progress report (PR-2) on 7-29-15, exam notes analgesic gait, tenderness to spinous paraspinals, gluteals, piriformis, quadratus, and sciatic notch, positive straight leg raise, bilaterally, 2 out of 4 reflexes. The Request for Authorization requested service to include MRI of lumbar spine without contrast. The Utilization Review on 10-12-15 denied the request for MRI of lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain: Diagnostic Imaging.

**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 (magnetic resonance imaging) 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). MRI results were reported on 3-1-13 of the lumbar spine demonstrated L4-5 prior laminectomy with prominent 1.2 cm anterior extradural defect, extends to the paracentral right and to the left neural foraminal exit zone, high grade bilateral neural foraminal exit zone compromise, right greater than left, with deformity of the right anterior thecal sac. There is no new injury and they has not been significant interval changes to warrant a repeat MRI. Additionally, there is no evidence of red flag conditions. The request for MRI of lumbar spine without contrast is not medically necessary.