

<b>Case Number:</b>	CM15-0209889		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This 49 year old male sustained an industrial injury on 5-30-14. Documentation indicated that the injured worker was receiving treatment for left shoulder labral tear and rotator cuff tendinitis and lumbar spine degenerative disc disease with protrusions and left radiculopathy. Magnetic resonance imaging lumbar spine (7-23-14) showed broad based disc protrusion at L3-4 and L4-5 and mild discogenic spondylosis at L4-5. Previous treatment included physical therapy, chiropractic therapy, functional restoration program, home exercise and medications. In a PR-2 dated 4-20-15, physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with range of motion: flexion 20 degrees, bilateral lateral bend 20 degrees, 25 degrees right rotation, 20 degrees left rotation and extension 15 degrees with "slightly" increased pain on range of motion, negative straight leg raise and decreased sensation in the left L5 distribution with intact motor exam. In a PR-2 dated 10-12-15, the injured worker reported improvement to left shoulder with recent functional restoration program participation but no improvement to the lumbar spine. The injured worker reported having flare-ups of low back pain with attempts to increase activity. Physical exam was remarkable for lumbar spine tenderness to palpation to the paraspinal musculature with mild right lower muscle spasms, range of motion: flexion 25 degrees, right lateral bend 15 degrees, left lateral bend 10 degrees, right rotation 25 degrees, left rotation 15 degrees and extension 100 degrees with pain upon range of motion, negative straight leg raise, decreased sensation at the left L5 distribution with intact bilateral lower extremity exam. The treatment plan included a pain management evaluation for possible lumbar epidural steroid injections and magnetic resonance imaging lumbar spine to help guide treatment. On 10-20-15, Utilization Review non-certified 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:

#### **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 rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI previous performed in July 2014. Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar Spine is not medically necessary and appropriate.