

<b>Case Number:</b>	CM15-0020104		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 24 year old male, who sustained an industrial injury on October 26, 2013. The diagnoses have included lumbosacral myospasms and right leg radiculopathy. On December 24, 2013, the MRI of the lumbar spine was unremarkable. Treatment to date has included work modifications, physical therapy, steroid injection, and pain and muscle relaxant medications. On October 29, 2014, the treating physician noted frequent low back pain with radiation to the right leg. Associated symptoms included weakness and giving away. The physical exam revealed paravertebral and spinous process tenderness bilaterally, tenderness over the right pelvic tilt, and mildly decreased muscle strength with flexion, extension, and bilateral lateral bend. The range of motion was significantly restricted due to pain, and the myotomes strength was normal in the lower extremities. . On December 10, 2014, the treating physician noted the injured worker had slipped on a wet floor while carrying a 100-pound ladder. He landed on his back and the ladder hit his head. He had loss of consciousness and hearing loss. The physical exam was unchanged. The treatment plan included a new MRI and to obtain the old MRI report from 2013. On December 31, 2014 Utilization Review non-certified a request for a repeat MRI of the lumbar spine, noting the lack of documentation of change in the clinical condition of the individual and without any suggestion of evolving or worsening neurological condition. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI - lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition), 2014, Low Back Chapter - MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page(s) 287-326.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral myospasm with right leg radiculopathy. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. There was no indication symptoms or findings had worsened or changed since the prior imaging was done. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a repeat lumbar MRI is not medically necessary.

**MRI - lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page(s) 287-326.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral myospasm with right leg radiculopathy. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. There was no indication symptoms or findings had worsened or changed since the prior imaging was done. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a lumbar MRI is not medically necessary.

