

<b>Case Number:</b>	CM15-0023461		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49 year old male, who sustained a work/ industrial injury on 3/17/04 while pulling a case of beer up the stairs. He has reported symptoms of pain with right leg. Prior medical history was negative. The diagnoses have included sciatica. Treatments to date included conservative care, physical therapy, epidural steroid injection, oral (steroid) Medrol pack, and medications. Diagnostics included a Magnetic Resonance Imaging (MRI) in 2012 that revealed some increased mass effect at the disc level on the right at L5-S1 and chronic stenosis at L4-5. Medications included vitamins. A request was made for a MRI with and without contrast. On 12/29/14, documentation revealed increased pain with right straight leg raises after 45 degrees and right leg numbness and weakness were the same. The documentation from 1/19/15 noted worsening sciatica symptoms after physical therapy sessions. On 2/4/15, Utilization Review non-certified a One (1) MRI of the lumbar spine with and without contrast, noting the Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI of the lumbar spine with and 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 chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Low back section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnosis is refractory, worsening right sciatica syndrome with S-1> L5 involvement. Subjectively the injured worker's right sciatica is worse with symptoms spreading to the right calf associated with diffuse right foot numbness. The injured worker is taking four five Tylenol #4 per day and continues to work although admits it is harder to get through the day. The injured worker completed nine physical therapy sessions. Physical examination is notable for numbness in the right S1> L5 dermatome. The injured worker had an MRI in 2012. The MRI showed mass effect at this level on the right at L5 - S1 with chronic stenosis at L4- L5. The injured worker received conservative treatment with physical therapy, medications and an epidural steroid injection. There was positive straight leg raising in a December 29, 2014 progress note. The right leg numbness and weakness were unchanged. It was no new weakness noted in the documentation. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and objective findings suggestive of significant pathology. The clinical documentation indicates the injured worker has sciatica, worse with standing and improved in the supine position. There were no new objective clinical findings in the medical record. Additionally, there is no indication or clinical rationale for a contrast MRI of the lumbar spine. Consequently, absent clinical documentation demonstrating a significant change in symptoms and objective findings suggestive of significant pathology, MRI lumbar spine with and without contrast is not medically necessary.