

<b>Case Number:</b>	CM15-0024881		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/13/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/16/2015
<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: North Carolina  
 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 84 year old male sustained a work related injury on 08/13/2007. According to a progress report dated 01/06/2015, the injured worker complained of bilateral wrist/hand pain with pain radiating to his fingers. He had numbness and tingling in his hand and fingers along with cramping and weakness. He also complained of intermittent pain in the lower back with pain radiating to his right lower extremity. He had episode of numbness and tingling in his right lower extremity. Diagnoses included status post L3-L4 and L4-L5 laminectomy on 12/20/2010, status post left inguinal hernia repair, status post right rotator cuff repair, bilateral carpal tunnel syndrome, neurogenic claudication and rule out recurrent herniation/stenosis. According to the provider the injured worker was a candidate for repeat MRI of the lumbosacral spine to rule out recurrent herniation or recurrent stenosis or adjacent level disease. On 01/16/2015, Utilization Review non-certified MRI of the lumbar spine. According to the Utilization Review physician, there was no information given regarding the date of surgery, last imaging and how repeat imaging would change treatment options. Guidelines were not referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** 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): 303-304.

**Decision rationale:** The ACOEM chapter on low back complaints and imaging studies states: Table 12-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Per the ACOEM, imaging studies are indicated in the presence of red flag symptoms, when suspected cauda equina syndrome, tumor or fracture are strongly suspected or when surgery is being considered. There is no documentation of any of these criteria and no sudden change in the patient's physical exam. In the absence of any other physician documentation to consider, the request is not certified.