

<b>Case Number:</b>	CM15-0025474		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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:

This 47-year-old male reported a work-related injury on 08/29/2013. According to the progress notes dated 11/10/14, the injured worker reports constant low back and bilateral hip pain as well as intermittent mild to moderate right knee pain. The hip pain radiates to the legs. The diagnoses include lumbar radiculopathy, lumbar sprain/strain, status post right hip surgery, right knee internal derangement and right knee sprain/strain. Previous treatments include medications and physical therapy. The treating provider requests MRI of the lumbar spine w/o dye; Tramadol HCL 50mg and Gabapentin capsules 300mg. The Utilization Review on 01/23/2015 non-certified the request for MRI of the lumbar spine w/o dye; Tramadol HCL 50mg and Gabapentin capsules 300mg, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Pursuant to the ACOEM and 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. 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 diagnoses are lumbar radiculopathy; lumbar sprain/strain; status post surgery right hip; right knee internal derangement; right knee sprain / strain; insomnia; and sleep disturbance. There was no physician documentation with a clinical indication or rationale for a repeat MRI scan from [REDACTED]. The primary care provider's treatment plan included a Scan of the lumbar spine, bilateral hips and right knee. This was in addition to 12 additional physical therapy sessions, six acupuncture sessions and a request for orthopedic consultation and pain management consult. The documentation shows a prior MRI of the lumbar spine was performed in December 3, 2013 that showed an L5/S1 disc bulge without nerve impingement. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggested of significant pathology. The documentation does not contain significant change in symptoms and or objective clinical findings. Additionally, the guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not responding to treatment and who would consider surgery option. There was no specific neurologic compromise noted and there was no anticipation of surgery. Consequently, absent clinical documentation with an indication and or rationale for a repeat MRI lumbar spine, MRI lumbar spine is not medically necessary.