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| <b>Case Number:</b>   | CM15-0026101 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 01/09/2011 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 01/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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:

The injured worker is a 52 year old male, who sustained an industrial injury on January 9, 2011. He has reported lower back pain and left leg pain. The diagnoses have included lumbar spine disc displacement and lumbar spine degenerative disc disease. Treatment to date has included physical therapy, home exercise, and imaging studies. A progress note dated December 31, 2014 indicates a chief complaint of continued lower back pain with radiation to the left buttock and thigh. Physical examination showed tenderness to palpation of the lumbar spine with decreased range of motion, and decreased strength and sensation of the left leg. The treating physician is requesting a single position magnetic resonance imaging of the lumbar spine without contrast. The provider states that the injured worker requires surgery and therefore needs an updated study. On January 21, 2015 Utilization Review denied the request for the magnetic resonance imaging citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Single position MRI of the Lumbar Spine without contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, MRI.

**Decision rationale:** The patient is 52 year old male with an injury date of 01/09/11. Per the 12/31/14 report he presents with left side lower back pain rated 7/10 that radiates into the left buttock and left posterior thigh. The patient is s// microdiscectomy 04/14/11. Listed assessment includes: left sided L5-S1 HNP, L4-5 central HNP, DDD at L3-4, L4-5 and L5-S1. The RFA included is dated 11/17/14. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The reports provided for review state this is a repeat MRI that was denied by UR. The 12/31/14 treatment plan states the patient is a candidate for left sided L4-5 laminoforaminotomy and microdiscectomy and cites EMG evidence of LLE radiculopathy. This study is not included for review. The treater further states that they are not comfortable performing surgery on a two year old MRI. The prior MRI is not included for review. Physical examination show tenderness to palpation of the paraspinal muscles with a positive sitting SLR on the left. In this case, the reports show clinical evidence of radiculopathy and ODG states MRI is the test of choice for the prior back surgery documented for this patient. The request IS medically necessary.