

<b>Case Number:</b>	CM15-0212229		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New Jersey

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:

The injured worker is a 49 year old female with an industrial injury date of 04-08-2010. Medical record review indicates she is being treated for severe lumbar degenerative arthritis focused lumbar 5-sacral 1, early degenerative arthritis bilateral knee-worse on right and post arthroscopy painful neuromas left ankle. Subjective complaints (09-23-2015) include "moderate" low back pain with a rating of 8 out of 10. She complained of an increase in pain with prolonged standing and lying down. She reported that she was unable to lay flat on a bed making sleeping very difficult for her. Work status (09-23-2015) is documented as temporarily totally disabled. Current (09-23-2015) medications are Motrin and Lisinopril. Prior diagnostics documented in the 09-23-2015 note by the treating physician included AP-Lateral-Oblique's of the lumbar spine - "demonstrate normal alignment in the AP and lateral views with flattening of the normal lumbar curvature. The disc spaces are all well visualized and are normal except for lumbar 5-sacral 1. The bony vertebrae are normal in appearance and alignment. The foramen is normal without narrowing except for the lumbar 5-sacral 1 level. The bone quality is osteopenic." Prior MRI is not indicated in the reviewed medical records. Prior treatments included referral to a knee specialist and podiatrist. Other treatment included physical therapy for her low back, right knee surgery with post-operative physical therapy and 3 cortisone injections, left ankle surgery with post-operative physical therapy and medications. Objective findings (09-23-2015) findings included normal gait. There was mild tenderness to palpation and percussion of the lumbar spine. Range of motion was 90 degree of flexion 20 degree of extension, 30 degrees of lateral bend bilaterally and 45 degree rotation. Sensory is described as intact without areas of numbness

with good perception of painful hard and light touch stimuli. On 10-08-2015 the request for MRI without contrast 1.5 Tesla or greater lumbar spine was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI without contrast 1.5 Tesla or Greater Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, although there was report of persistent low back pain over many months, recent examination revealed normal gait, straight spine, only mild tenderness of the lumbar area, essentially normal range of motion of the spine, and normal strength and sensation of the lower extremities. These results suggest no true spinal nerve impingement. In addition, there was no record found of a previous MRI to compare with current symptoms and findings. Therefore, without enough evidence to support this request, the lumbar MRI is not medically necessary at this time.