

<b>Case Number:</b>	CM15-0217183		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	12/20/2000
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Emergency 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 57 year old male, who sustained an industrial injury on 12-20-2000. He reported painful and limited lumbar motion with diminished sensation of the L5 (lumbar)-S1 (sacral) with weakness on left knee extension. According to physician documentation, the injured worker was diagnosed with postlaminectomy syndrome of the lumbosacral region. On 1-16-2015, subjective findings were notable for, constant pain with intermittent flare-ups with worse pain being 6 out of 10 that worsens to 10 out of 10 with increased activity, and is relieved with pain medication. However, with the current medication doses, his pain is reduced by 50-60% allowing him to perform all his activities of daily living and without medication, the worker is resting 70-80% of the day only performing minimal activities. According to physician notes dated 10-2-2015, objective findings were notable for tenderness in the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 level with pain on extension and lateral rotation of the lumbar spine. Straight leg raises were positive at 60 degrees for both right and left legs. On 6-27-2014, an MRI of the lumbar spine revealed L3-L4 central protrusion with degenerative spurring and retrolisthesis and moderate left and mild right foraminal stenosis at L5-S1. Treatment to date has included surgery, Lidopro patch, Norco, Nalfon, and Trazadone indicating a 30% improvement with medication use. The Utilization Review determination dated 10-25-2015 did not certify treatment/service requested for an MRI of the lumbar spine, CT of the lumbar spine and BUN and creatinine laboratory work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic) - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested MRI of the lumbar spine without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has constant pain with intermittent flare-ups with worse pain being 6 out of 10 that worsens to 10 out of 10 with increased activity, and is relieved with pain medication. However, with the current medication doses, his pain is reduced by 50-60% allowing him to perform all his activities of daily living and without medication, the worker is resting 70-80% of the day only performing minimal activities. According to physician notes dated 10-2-2015, objective findings were notable for tenderness in the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 level with pain on extension and lateral rotation of the lumbar spine. Straight leg raises were positive at 60 degrees for both right and left legs. On 6-27-2014, an MRI of the lumbar spine revealed L3-L4 central protrusion with degenerative spurring and retrolisthesis and moderate left and mild right foraminal stenosis at L5-S1. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine without contrast is not medically necessary.

**1 CT scan of the lumbar spine:** Upheld

**Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic) - CT (computed tomography).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested 1 CT scan of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging

in patients who do not respond to treatment and who would consider surgery an option." The injured worker has constant pain with intermittent flare-ups with worse pain being 6 out of 10 that worsens to 10 out of 10 with increased activity, and is relieved with pain medication. However, with the current medication doses, his pain is reduced by 50-60% allowing him to perform all his activities of daily living and without medication, the worker is resting 70-80% of the day only performing minimal activities. According to physician notes dated 10-2-2015, objective findings were notable for tenderness in the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 level with pain on extension and lateral rotation of the lumbar spine. Straight leg raises were positive at 60 degrees for both right and left legs. On 6-27-2014, an MRI of the lumbar spine revealed L3-L4 central protrusion with degenerative spurring and retrolisthesis and moderate left and mild right foraminal stenosis at L5-S1. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, 1 CT scan of the lumbar spine is not medically necessary.

**1 BUN and creatinine lab work:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The requested 1 BUN and creatinine lab work, is medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The injured worker has constant pain with intermittent flare-ups with worse pain being 6 out of 10 that worsens to 10 out of 10 with increased activity, and is relieved with pain medication. However, with the current medication doses, his pain is reduced by 50-60% allowing him to perform all his activities of daily living and without medication, the worker is resting 70-80% of the day only performing minimal activities. According to physician notes dated 10-2-2015, objective findings were notable for tenderness in the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 level with pain on extension and lateral rotation of the lumbar spine. Straight leg raises were positive at 60 degrees for both right and left legs. On 6-27-2014, an MRI of the lumbar spine revealed L3-L4 central protrusion with degenerative spurring and retrolisthesis and moderate left and mild right foraminal stenosis at L5-S1. The treating physician has documented long-term prescription of NSAID's. The criteria noted above having been met, 1 BUN and creatinine lab work is medically necessary.