

<b>Case Number:</b>	CM15-0217718		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	02/02/1976
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 68 year old male, who sustained an industrial injury on 2-2-76. The injured worker was diagnosed as having lumbar postlaminectomy syndrome; cervicalgia; bilateral hip arthroplasties. Treatment to date has included status post lumbar laminectomy L2-L5 for spinal stenosis (7-6-10); status post bilateral hip replacements (2011; status post right shoulder arthroscopic capsular release (9-2013); physical therapy; medications. Currently, the PR-2 notes dated 10-12-15 indicated the injured worker was in the office as a follow-up of his chronic low back pain. The provider notes the injured worker has completed 3 sessions of physical therapy and massage and reports no significant improvement so far. He reports continued pain in the low back and worse on the left side. He reports tingling and numbness down the side of his right leg and his right leg "going to sleep frequently". He reports tripping over rugs in his home more frequently and unsure if this is related to his hip replacements or his back. He report this condition has worsened in the last several years and that past traction, massage and ultrasound has relieved his pain. He reports he has gained weight in his abdomen, pain increases with standing for prolonged period of time and improves with rest and medication. The provider notes the injured worker is "taking Vicodin for pain which decreases pain by approximately 50%. He is able to perform household duties: taking out trash and home repairs. He does not take Valium as needed for spasm. He is paying for his medications out of pocket." On physical examination, the provider documents "The patient reports bleeding and clotting disease; coronary artery disease". He also reports gastroesophageal reflux, hypertension and lumbar disc disease. The injured worker previously wanted to avoid injections, but now

wants to discuss those options. The provider reports an MRI of the lumbar spine has not been done in several years and feels an updated scan is indicated at this time. A PR-2 note dated 7-6-15 indicated the injured worker was in the office for a follow-up of his lower back pain. The provider documents "Patient states that today his low back pain as a 2 out of 10 VAS scale." He does not have radicular symptoms at this time. Pain is made worse with activity, better with rest and medication. He does not request a refill on this visit and has been on vacation for approximately one month. He has decreased his use of Vicodin from 5-6 tablets per day to 1-2 tablets per day. It does continue to provide 50% pain decrease", allowing him functional benefit of increased tolerance for activity: cleaning out gutters, doing yard work and chores around the house. There is no documentation of lumbar x-rays or a lumbar physical examination or current pain intensity scores on this visit dated 10-12-15. A Request for Authorization is dated 11-4-15. A Utilization Review letter is dated 10-23-15 and non-certification for MRI of the lumbar spine. A request for authorization has been received for MRI of the lumbar spine.

### **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:** Overturned

**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 Chapter repeat MRIs.

**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 chapter under MRIs.

**Decision rationale:** The 68 year old complains of chronic low back pain along with numbness and tingling down the right side of the leg, as per progress report dated 10/12/15. The request is for MRI of the lumbar spine. The RFA for this case is dated 10/20/15, and the patient's date of injury is 02/02/76. Diagnoses, as per progress report dated 10/12/15, included postlaminectomy syndrome, cervicgia, presence of left artificial hip, and presence of right artificial hip. Medications include Lunesta, Valium, Vicodin, Aspirin, Losartan, Omeprazole, Simvastatin, Terazosin and Multivitamin. The patient is status post L2 through L5 lumbar laminectomy in 2010, and status post bilateral hip replacements in 2011, as per progress report dated 05/04/15. The patient has retired, as per progress report dated 04/22/15. Recent reports document the patient's work status as permanent and stationary. MTUS/ACOEM Guidelines, Low Back Complaints, chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, a request for lumbar MRI is noted in progress report dated 10/12/15. The treater states that the patient has not had an MRI for several years. His pain has worsened over time and he is not responding to physical therapy any longer. The patient is

tripping frequently and is now willing to consider injections and invasive procedures. The treater, therefore, believes that the patient now needs an updated MRI. In a prior report dated 08/31/15, the treater states that an updated MRI will help make recommendations for either epidural injections versus surgical consultation. In an appeal letter dated 11/03/15 (after the UR denial date), the treater states that physical examination of the lumbar spine revealed lumbar lordosis with limited range of motion. Straight leg raise on the left causes buttock and posterior thigh pain. Reflexes are reduced to 1+ and equal at patellar and Achilles region. The treater also states that an updated MRI will help confirm the cause of his progressive low back pain with radicular symptoms into his lower extremities. Given the chronic pain and neurologic deficits, the request appears reasonable and is medically necessary.