

<b>Case Number:</b>	CM15-0217949		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured male who sustained an industrial injury on July 14, 2011. Medical records indicated that the injured worker was treated for back pain. Medical diagnoses include multilevel lumbar spondylosis, left first CMC arthrosis and left lateral epicondylitis. In the provider notes dated July 9, 2015 the injured worker complained of sharp, constant back pain radiating into the left lower extremity and foot with numbness. The pain varies in intensity and is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. He rates his pain 7 to 9 on the pain scale. He has throbbing constant left elbow and wrist pain. The pain varies in intensity and is aggravated by repetitive motions, gripping, grasping, pushing, pulling, and lifting as well as torqueing activities. He rates his pain 5 to 8 on the pain scale. On exam, the documentation stated "examination of dorsal column revealed a fair amount of pain and discomfort throughout the paravertebral musculature." "There is pain and discomfort right across the waist into the superior gluteal region. There is no clear cut radiculopathy, but there appears to be some neurogenic type claudication." Range of motion is guarded, restricted and limited. There is pain and tenderness around the epicondylar region of the left elbow. "Range of Motion: resisted extension of the left wrist with an extended elbow does reproduce the patient's symptomatology, consistent with what appears to be lateral epicondylitis." "There is diminished sensation in the ulnar digits." There is tenderness consistent with arthrosis of the left wrist and hand. "There is a prominent protuberance around the left fist CMC." "There is diminished sensation in the radial digits." The documentation noted that x rays of the "lumbar spine that were obtained today revealed multilevel lumbar spondylosis with kyphotic deformity of the lumbar spine. There is a scoliotic curve. This appears to be degenerative or compensatory in nature." The treatment plan is to continue medications and

chiropractic care and MRI of the lumbar spine, left elbow and wrist. A Request for Authorization was submitted for MRI lumbar spine. The Utilization Review dated October 13, 2015 denied the request for MRI lumbar spine.

### **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 Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a cumulative trauma work injury while working as a personal trainer with date of injury in July 2011 and is being treated for low back and left elbow, wrist, and hand pain. An MRI of the lumbar spine was done in September 2011 with findings that included significant multilevel spondylosis with Grade I posterolisthesis at L3/4 and moderate foraminal and canal stenosis at L3/4 and L4/5 with left lateralization. He was seen by the requesting provider for an initial evaluation in July 2015. Complaints included low back pain radiating to the left foot which was unchanged rated at 7-9/10 and numbness. He had constant low back pain that varied in intensity. Physical examination findings included neurogenic type claudication findings not otherwise described. There was limited and guarded lumbar range of motion. There were findings of scoliosis. X-rays were obtained including flexion and extension views showing multilevel spondylosis with kyphotic deformity and a scoliotic curve which appeared degenerative. Physical therapy had been helpful and was recommended. The assessment references continued conservative treatments without surgery or epidural steroid injections. Additional testing was requested including a repeat lumbar spine MRI and bilateral lower extremity electrodiagnostic testing. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior lumbar surgery, the presence of cauda equina syndrome, or after at least one month of conservative therapy. In this case, there are no identified red flags and the claimant was referred for physical therapy treatments which had been helpful previously. There were no acute findings or reported findings of instability by plain film x-ray and the prior MRI scan done 4 years ago already explains the current left sided symptoms. Neither injections nor surgery is being considered and it is unclear how obtaining the requested imaging would change the planned management. A repeat MRI of the lumbar is not medically necessary.