

<b>Case Number:</b>	CM15-0221875		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Preventive Medicine, Occupational 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 42 (DOB 2-01-1973) year old male, who sustained an industrial injury on 1-02-2014. The injured worker is being treated for lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included surgical intervention (cervical posterior foraminotomy on 1-22-2015), transforaminal epidural steroid injection (TFESI), medial branch block (MBB), 13 sessions of chiropractic treatment, 5 visits of acupuncture, diagnostics including EMG (electromyography), and postoperative chiropractic therapy for the neck. Per the Primary Treating Physician's Progress Report dated 10-14-2015, the injured worker presented for a follow-up of neck and low back pain. He has recently been treated for an abscessed tooth with antibiotics. His neck pain has been stable since the last visit and he reports an increase in low back pain. He rates the severity of his low back pain as 9 out of 10 with radiation to the left rib cage. He also reports burning and numbness radiating down the bilateral lower extremities, currently worse on the right than on the left. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-17-2014 was read by the evaluating provider as "L2-L5 facet and ligamentum flavum hypertrophy produces spinal canal narrowing; L5-S1 3mm central focal disc protrusion that abuts the S1 nerve roots producing spinal canal narrowing and hemangioma at L3." Objective findings of the lumbar spine included decreased lumbar range of motion in all planes. He ambulates with an antalgic gait. Work status was temporarily totally disabled x 6 weeks. The plan of care included an updated MRI of the lumbar spine, additional postoperative chiropractic therapy, follow-ups with pain management, neuro, neuropsych, orthopedic and ENT and a dental consult for abscessed tooth. Utilization Review non-certified the request 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:** Upheld

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

**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/MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Magnetic resonance imaging (MRI) of the lumbar spine dated 5-17-2014 was read by the evaluating provider as "L2- L5 facet and ligamentum flavum hypertrophy produces spinal canal narrowing; L5-S1 3mm central focal disc protrusion that abuts the S1 nerve roots producing spinal canal narrowing and hemangioma at L3." There have been no interval changes that would support a repeat MRI in this case. The request for MRI of the lumbar spine is determined to not be medically necessary.