

<b>Case Number:</b>	CM15-0222782		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old female who sustained an industrial injury on 5-25-13. The injured worker reported pain in the back with lower extremity radicular symptoms. A review of the medical records indicates that the injured worker is undergoing treatments for axial low back pain secondary to lumbar facet arthropathy, acute or chronic axial low back and left proximal lower extremity radicular pain secondary to lumbar radiculopathy and left sacroiliitis. Provider documentation dated 9-24-15 noted the work status as "she is working approximately 35 hours a week." Treatment has included Lidoderm patches since at least May of 2015, Lyrica since at least June of 2015, Nortriptyline since at least June of 2015, injection therapy, physical therapy, acupuncture treatment, chiropractic treatments. Objective findings dated 9-24-15 were notable for "good strength in all major myotomes...negative seated straight leg raise, equivocal supine straight leg raise on the left." The original utilization review (11-2-15) denied a request for a Magnetic resonance imaging (MRI) of the lumbar spine for lumbar stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the lumbar spine for lumbar stenosis: Upheld**

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

**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 lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Magnetic resonance imaging (MRI) of the lumbar spine for lumbar stenosis is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are axial low back pain secondary to lumbar facet arthropathy; acute or chronic axial low back pain and left proximal lower extremity radicular pain secondary to lumbar radiculopathy; and left sacroiliitis. Date of injury is May 25, 2013. Request for authorization is September 29, 2015. According to a September 24, 2015 progress note, the injured worker has ongoing chronic low back pain that radiates to the left lower extremity 8/10. The treating provider has requested a spine surgical consultation. Objectively, there is good strength throughout with negative straight leg raising. The treating provider is requesting an MRI of the lumbar spine in preparation for the spine surgical consultation. According to a QME dated September 9, 2015, the injured worker had an MRI of the lumbar spine July 11, 2013. There was no mention of a prior MRI by the requesting provider. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no unequivocal objective findings that identify specific nerve compromise. There is no documentation indicating a significant change in symptoms and/or objective clinical findings suggestive of significant pathology. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Magnetic resonance imaging (MRI) of the lumbar spine for lumbar stenosis is not medically necessary.