

<b>Case Number:</b>	CM15-0223976		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: New Jersey  
Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial-work injury on 1-3-03. The injured worker was diagnosed as having status post lumbar fusion, lumbar facet arthropathy, chronic low back pain, lumbar facet syndrome. Treatment to date has included medication: Ultram; prior laminectomies in 1989 and 1993, recent L5-S1 fusion in 2003 with subsequent hardware removal in 2004, trigger point injection to left lower lumbar paraspinal muscle on 4-1-15, and diagnostics. MRI results were reported on 9-12-13 of the lumbar spine revealed L4-5 broad based disc protrusion that abutted the thecal sac, combined with facet ligamentum flavum hypertrophy, spinal canal narrowing, as well as bilateral lateral recess and 6.7 mm in extension, at L5-S1 fusion, osseous hypertrophy. Currently, the injured worker complains of chronic low back pain that is rated 8 out of 10 but decreases to 4-5 out of 10 with use of Ultram and has the ability to perform ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 8-26-15, exam of the right knee notes improvement, exam of the low back reveals left lower extremity pain and across the S1 distribution, tenderness to palpation at the left piriformis, positive spasm in the lumbar spine, and straight leg raise is positive on the right. Urine drug screen on 8-26-15 was negative for prescribed medication. Current plan of care includes request ESI (epidural steroid injection), refill Ultram, and diagnostics. The Request for Authorization requested service to include Repeat MRI of the lumbar spine. The Utilization Review on 10-15-15 denied the request for Repeat 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:

## **Repeat MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging (MRI).

**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.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case there was similar subjective complaints and physical examination findings for many months leading up to this request without any recent changes to reveal a progressive pattern. Although complaint of "shock-like pain down the left lower extremity" was reported in 4/2015, this was not reported in recent notes, and physical examination findings repeatedly included positive right-sided straight leg raise and tenderness at the left piriformis. This all together is more suggestive of piriformis-related sciatica and generalized muscle spasm and tension, creating positive straight leg raise. Also, without any more objective evidence for spinal root cause of symptoms such as specific sensory changes without piriformis tenderness, this request for lumbar MRI will be considered medically unnecessary.