

<b>Case Number:</b>	CM15-0035680		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 60-year-old male, who sustained an industrial injury on April 19, 2006. The diagnoses have included L4-L5 disc herniation with impingement of the left L5. Treatment to date has included anterior and posterior lumbar fusion of L4-5, physical therapy, pain medication and diagnostic studies. Currently, the injured worker complains of ongoing low back pain which he describes as sharp and stabbing. The pain radiates to the bilateral lower extremities. He reports that his pain is rated a 9 on a 10-point scale and notes that his medications are helpful providing a 50% reduction in pain. On examination, the injured worker has bilateral positive straight leg raise and has a palpable spasm over the lumbar spine. There is a +1 deep tendon reflex at the knees and ankles. The evaluating physician noted that the injured worker had received conservative therapy to include physical therapy and pain medication for the previous year without significant relief. On January 16, 2015 Utilization Review non-certified a request for MRI of the lumbar spine with and without contrast, noting that there is no documentation of failed conservative therapy. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine with and without contrast.

### 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 with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without contrast 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 status post anterior and posterior spinal fusion from L4 - L5; postoperative MRI revealed L4 - L5 disc herniation impinging on the L5 nerve with chronic left leg sciatica symptoms and neuropathic pain, persisting; and nonindustrial hypertension, BPH and hyperlipidemia. Currently, the documentation does not indicate the injured worker is receiving conservative treatment such as physical therapy, massage and/or manipulation. The oldest progress note in the medical records is dated September 2014. There is no evidence of conservative measures such as physical therapy at that time. There were two fusion surgeries formed on the injured worker. One procedure was performed in 2008 and the second is not dated. The documentation from a January 6, 2015 progress note states the injured worker has increased low back pain and left lower extremity pain over the last year. Epidural steroid injections are not working. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or clinical objective findings suggestive of significant pathology. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not responding to treatment and would consider surgery an option. Documentation doesn't state additional surgery is an option. Physical therapy is not documented in the medical record (as far back as September 2014). The diagnoses indicate there is an L4 - L5 disc herniation impinging on the L5 nerve root with chronic left sciatic symptoms and neuropathic pain. The injured worker's left lower extremity pain is chronic and likely based on sciatica secondary to the herniated disc. This is not a new clinical finding. Consequently, absent compelling clinical documentation with evidence of a significant change in symptoms and/or objective signs and unequivocal objective findings identifying a specific nerve compromise, MRI of the lumbar spine with and without contrast is not medically necessary.