

<b>Case Number:</b>	CM15-0036891		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/26/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, California  
 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 53 year old female who sustained an industrial injury on November 26, 2007. She has reported pain in the neck, right shoulder, back, right thumb, and right knee and has been diagnosed with psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, palpitations, and abdominal pain/cramping). Treatment has included cognitive behavioral therapy, medication, pain management, and a synvisc injection. Currently the injured worker complains of physical pain and disability involving the neck, right shoulder, back, right thumb, and right knee. The treatment plan included medication and cognitive behavioral therapy. Per the doctor's note dated 1/20/15 and 12/2/14 patient had complaints of low back pain at 7/10. Physical examination of the low back revealed positive SLR and decreased sensation in left LE tenderness on palpation and limited range of motion of knee. The medication list include Prilosec, Tylenol and Axid. The patient has had lumbar ESI. The patient has had a MRI of the low back 1-2 years back that revealed foraminal stenosis. The patient has had MRI of the low back 3/16/1999 that revealed foraminal stenosis and disc bulges. A diagnostic imaging report of MRI of the low back was not specified in the records provided. Patient has received an unspecified number of psychotherapy, PT visits and acupuncture visits for this injury. The patient sustained the injury due to cumulative trauma.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 03/24/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI of the lumbar spine. Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the low back 1-2 years back that revealed foraminal stenosis. The patient has had MRI of the low back 3/16/1999 that revealed foraminal stenosis and disc bulges. A diagnostic imaging report of MRI of the low back was not specified in the records provided. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.