

<b>Case Number:</b>	CM15-0038055		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 65 year old female who sustained an industrial injury on 12/7/05 when the chair she was sitting in flipped backwards causing neck, low back bilateral lower extremity pain. She currently complains of bilateral shoulder (6/10) and knee pain (7-8/10); bilateral hand pain; bilateral lower extremity pain and low back pain. Her sleep is disturbed due to pain. Her activities of daily living are limited due to pain with lifting. Medications are Ketoprofen cream; Terocin cream relieved her pain and allowed her to sleep through the night; Norco; Neurontin; Motrin. Diagnoses include multilevel disc herniation of the cervical spine with severe stenosis; multilevel disc herniation of lumbar spine significant at L5-S1 with severe foraminal narrowing; lumbar radiculopathy; degenerative disc disease of the cervical and lumbar spine; previous carpal tunnel release in 9/2013; right knee medial meniscal tear; bilateral knee degenerative disc disease and diabetes. Treatments to date include chiropractic therapy with some benefit, acupuncture to bilateral knees and shoulders with temporary relief, previous injections into the knees with some pain relief; cervical epidural steroid injection with some relief; transcutaneous electrical nerve stimulator unit which failed to provide pain relief; physical therapy. Diagnostics include MRI cervical spine revealing central foraminal stenosis and MRI lumbar spine revealing facet arthropathy and epidural lipomatosis both done on 5/11/13; x-rays bilateral knees 7/30/14; MRI right and left shoulder and right and left knee 8/12/11; electrodiagnostic study on 8/10/11. In the progress note dated 7/24/14 and again on 9/2/14 the treating provider requested an updated MRI of cervical and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. 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 had been experiencing chronic pain including chronic low back pain with radiculopathy for years leading up to this request for repeat MRI, which was for the purpose of getting an up-to-date MRI of the lumbar spine to consider performing interventions to add to her treatment regimen. However, there was an MRI performed in 2013 and no recent notes provided suggested that she was experiencing any significant change in her symptoms or physical findings to warrant repeat imaging. Without more clear evidence that the results of any repeat imaging will be different from the prior one, the lumbar MRI will be considered medically unnecessary.