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| <b>Case Number:</b>   | CM15-0044108 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 10/20/2010 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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 52 year old male who sustained a work related injury October 20, 2010. According to a physical therapy initial evaluation, dated September 10, 2014, the injured worker reported he injured his lower back while unloading/loading a refrigerator August 21, 2014. There was immediate pain to his left hip and back and then left low back pain and left hip pain. A physician's progress note dated February 10, 2015, finds the injured worker presenting with lumbar spine pain which has not changed since his last visit 6 weeks ago. He continues to experience pain and stiffness in the lower back and is taking Naprosyn as needed with mild relief. Physical examination of the lumbar spine revealed normal tone, tenderness on palpation, limited range of motion and positive SLR. Per the doctor's note dated 10/20/14 patient had complaints of low back pain radiating to left foot without numbness and tingling. Physical examination of the lumbar spine revealed antalgic gait, normal tone, tenderness on palpation, limited range of motion and positive SLR. Impression is documented as lumbar spine pain due to lumbar radiculopathy L4-L5. Diagnoses include disc displacement NOS (not otherwise specified) and lumbago. Treatment plan includes request for a repeat lumbar spine MRI. The medication list includes Aleve, Medrol, Naproxen, Flexeril and Diclofen. A previous MRI of the lumbar spine on 10/10/2007 revealed lumbar spine disc protrusion and foraminal narrowing and degenerative disc disease and X-ray of the low back on 9/4/14 that revealed loss of lordosis. Treatments include unspecified number of physical therapy and 20 sessions of the chiropractic visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

**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 03/03/15)MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI (magnetic resonance imaging) without contrast. 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)." He has had MRI of the lumbar spine on 10/10/2007 that revealed lumbar spine disc protrusion and foraminal narrowing and degenerative disc disease and X-ray of the low back on 9/4/14 that revealed loss of lordosis. There was immediate pain to his left hip and back and then left low back pain and left hip pain. A physician's progress note dated February 10, 2015, finds the injured worker presenting with lumbar spine pain which has not changed since his last visit 6 weeks ago. He continues to experience pain and stiffness in the lower back. Per the doctor's note dated 10/20/14 patient had complaints of low back pain radiating to left foot. Physical examination of the lumbar spine revealed antalgic gait, tenderness on palpation, limited range of motion and positive SLR. Patient has received an unspecified number of PT and 20 sessions of the chiropractic visits for this injury. The past medical history includes removal of the left kidney due to cancer. This pt has persistent low back pain with objective evidence of radiculopathy. He also has a history of cancer in the past. He has been treated already with medications and physical therapy. The MRI (magnetic resonance imaging) without contrast is deemed medically necessary and appropriate for this patient.