

<b>Case Number:</b>	CM15-0044232		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/24/2015
<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: 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 28 year old female, who sustained an industrial injury on May 5, 2012. The injured worker had reported a back injury. The diagnoses have included lumbosacral strain with bilateral lower extremity radicular symptoms, central disc protrusions at lumbar one through lumbar five, a tear in annulus fibrosis at lumbar three-lumbar four and lumbar four-lumbar five and bilateral sacroiliac joint strain. Treatment to date has included medications, radiological studies, electrodiagnostic studies and physical therapy. Current documentation dated January 13, 2015 notes that the injured worker complained of low back pain with radiation down both lower extremities. The injured worker denied numbness and tingling of the lower extremities. Back spasms, tightness and sharp pain were noted. The treating physician's recommended plan of care included an 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:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 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 lumbosacral strain of the bilateral lower extremities with radicular symptoms; central disc protrusion at L1 - L2, L3 - L4 and L4 - L5 lumbar spine by MRI; a tear in the annulus fibrosis at L3 - L4 and L4 - L5 by MRI lumbar spine; and bilateral sacroiliac joint screen; mild to moderate acute distribution in the right L5 distribution by EMG; and mild to moderate acute denervation left L5 - S1 distribution by EMG. The treating physician ordered and the injured worker received an MRI April 25, 2013. The treating physician states the MRI of the lumbar spine does not correlate with EMG findings because there is no central canal stenosis or peripheral nerve compression at any level. Subjectively, the injured worker was seen for follow-up on February 5, 2015 for low back pain with radicular symptoms. There is no clinical documentation of the significant change in symptoms or objective findings. The guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation are sufficient evidence to warrant imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no new or significant changes in symptoms or objective findings in the most recent examination dated February 5, 2015. Additionally, there is no neurologic evaluation in the physical examination. Consequently, absent clinical documentation with unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation and a prior MRI performed approximately 2 years ago with no change in the clinical signs and symptoms, MRI lumbar spine (repeat) is not medically necessary.