

<b>Case Number:</b>	CM15-0045079		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	11/16/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 54 year old female, who sustained an industrial injury on November 16, 2008. She reported a cumulative trauma injury to her back, bilateral knees, and bilateral feet. The injured worker was diagnosed as having cervical region disc disorder unspecified, left carpal tunnel syndrome, tear of lateral cartilage or meniscus of bilateral knees, right knee degenerative joint disease, left ankle internal derangement, right shoulder internal derangement unspecified, and left elbow sprain/strain. She has a history of lumbar spine sprain/strain rule out disc protrusion. Treatment to date has included rest, oral pain and non-steroidal anti-inflammatory medication, an MRI, x-rays, and a pain injection. On January 26, 2015, the injured worker complains of left lumbar, lumbar, right lumbar, and bilateral sacroiliac pain. Rest and pain medication helps her feel better. She walked with a normal gait. The physical exam revealed decreased lumbar range of motion. The treatment plan includes an MRI of the lumbar spine due to persistent symptoms.

### 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.

**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 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 cervical region disc disorder; carpal tunnel syndrome; lateral cartilage tear of meniscus bilateral knees; left ankle internal derangement; degenerative joint disease right knee; right shoulder internal arrangement; and left elbow sprain/strain. The most recent progress note of the medical records dated January 26, 2015. Subjectively, the injured worker complains of left lumbar, right lumbar, left sacroiliac, right sacroiliac, right anterior knee and left anterior knee pain. The VAS pain scale is 4/10 100% of the time. Objectively, the examination of the lumbar spine is missing from the progress note. The physician plan states: "Due to persistent symptoms the injured worker needs an MRI of the lumbar spine, left foot and right foot." Medical record review shows the injured worker had an MRI of the lumbar spine June 2, 2009. There was no MRI report in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and objective findings suggestive of significant pathology. Additionally, there were no unequivocal neurologic abnormalities on physical examination documented in the medical record. There were no objective physical findings suggestive of significant pathology documented in the medical record. The prior MRI from 2009 was not present in the medical record. Consequently, absent unequivocal, specific nerve compromise on neurologic evaluation, objective findings of significant pathology and a prior MRI performed in 2009, MRI lumbar spine is not medically necessary.