

<b>Case Number:</b>	CM15-0048166		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51-year-old male with an industrial injury dated 04/24/2013. His diagnoses include strain of lumbar region, lumbar disc degeneration and sprain or strain of hip/osteoarthritis of hip. Prior treatments include lumbar medial branch block, radiofrequency ablation, right hip injection, physical therapy and massage therapy. He presents on 02/26/2015 with worsening low back pain but able to twist a little better, right lumbar pain with bending back and to the right is getting worse and lots of tightness in the sacrum and coccyx area. Physical exam revealed the patient to be not shifting and sitting comfortable. There is right low lumbar pain and pain with side bending to the right. Lumbar flexion was 80% without pain. Extension was 20% with right lumbar pain. Trace antalgic gait. MRI of lumbar spine from 07/26/2013 is documented in this note. The plan of treatment included MRI of the lumbar spine (looking for herniated disc with radiculopathy to the right leg and for comparison to 2013 MRI), X-rays of lumbar spine and labs for MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Creatinine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2014815/> Imaging-Related Medications: A Class Overview 2007 Oct; 20(4): 408-417. Jill M Widmark.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Biomed Res Int. 2014; 2014: 741018. Published online - 2014 May 11. DOI: 10.1155/2014/741018 PMCID: PMC4034507 Side Effects of Radiographic Contrast Media: Pathogenesis, Risk Factors, and Prevention Michele Andreucci, 1 ,\* Richard Solomon, 2 and Adis Tasanarong 3.

**Decision rationale:** Creatinine is not medically necessary per a review online of risk factors for radiographic contrast media. The MTUS and ODG do not address this issue. A review online of the side effects and risk factors for contrast media state that the use of contrast media in imaging studies may lead to kidney dysfunction, especially in patients with preexisting renal impairment and in those with diabetes. The documentation indicates the request was for creatinine level prior to receiving a lumbar MRI. The request for lumbar MRI does not ask for contrast MRI. Additionally, the lumbar MRI was not medically necessary, therefore the request for creatinine is not medically necessary.

**MRI of 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 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-MRIs (magnetic resonance imaging).

**Decision rationale:** MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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 documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The request for MRI of the lumbar spine is not medically necessary.

**X-Ray of the Lumbar Spine with Bending Views:** 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): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Flexion/extension imaging studies and Other Medical Treatment Guidelines Eur Spine J. 2008 Mar; 17(3): 327335. Published online 2007 Nov 17. doi: 10.1007/s00586-007-0543-3PMCID: PMC2270383 Diagnosis and conservative management of degenerative lumbar spondylolisthesis.

**Decision rationale:** X-Ray of the Lumbar Spine with Bending Views is not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The ODG states that flexion/extension x-rays are not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. An online review of spondylolisthesis states that an MRI is a noninvasive technique that can also define vertebral slippage and neural element compression through cross-sectional axial and sagittal imaging. The documentation indicates that the patient has had a prior MRI in 2013 without any evidence of vertebral slippage. Additionally, there are no physical exam findings indicating progressive neurologic changes or red flag findings. The request for lumbar spine x-ray is not medically necessary.