

<b>Case Number:</b>	CM15-0052335		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/01/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female, who sustained an industrial injury on 05/01/2003. Treatment to date has included sacroiliac joint injections, TENS unit, medications and MRI lumbar spine. According to a progress report dated 02/17/2015, the injured worker complained of low back pain and bilateral leg pain. Objective findings were noted as unchanged. Diagnoses were noted as lumbar spine degenerative disc disease with radiculopathy and morbid obesity with a body mass index of 43. On 02/20/2015 the provider requested authorization for an MRI of the lumbar spine, x-ray of the lumbar spine in anterior/posterior/lateral flexion views, bariatric surgeon consult and CT discogram of the lumbar spine. Diagnoses were noted as lumbar disc protrusion, lumbar neuritis/radiculitis, lumbar degenerative disc disease and lumbar myospasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** 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 Chapter, MRI Topic.

**Decision rationale:** Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, a progress note on 12/9/2014 indicate no objective changes since the prior MRI and no specific nerve compromise were documented on exam. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.

**X-rays Lumbar:** 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 Chapter, Radiography (X-rays), Radiographs and Flexion/extension imaging studies.

**Decision rationale:** Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had previous imaging of MRI study of the lumbar spine. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

**CT Discogram:** 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): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

**Decision rationale:** Regarding the request for CT discogram of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, a progress note on 12/9/2014 stated there is no change in physical exam findings of the patient's lower back. On the progress note, the provider does not clearly mention trauma, myelopathy, or any other indication of CT discogram. In the absence of such documentation, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.