

<b>Case Number:</b>	CM15-0055116		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 48 year old female who sustained an industrial injury on 12/21/2011. Her diagnoses, and/or impressions, include lumbar radiculopathy; lumbar annular fissures; lumbar facet arthropathy; and major depressive disorder - moderate - single episode. Current magnetic resonance imaging studies are not noted. Her treatments have included diagnostic bilateral medial branch block injection therapy; acupuncture therapy; psychological evaluation for pain; and pain management with medication regimen. The physician's report of 11/23/2014, from the notes of 11/7 & 12/2014, report that the reason for seeking psychological pain consultation was due to persistent low back pain stemming from the industrial fall injury, where her life was turned up-side-down. The physician's treatment requests, stemming from those evaluations, included that psyche be industrially recognized and added to her claim, and that 10 sessions of individual psychotherapy, to assist with this injury, be authorized. The patient has had MRI of the lumbar spine on 10/24/2013 that revealed disc bulge with central canal stenosis, degenerative changes and facet hypertrophy and EMG on 1/21/14 that was normal and normal lab reports on 12/17/13. Per the doctor's note dated 1/20/15 patient had complaints of low back pain with radiation in bilateral LE with numbness and tingling. Physical examination of the low back revealed positive facet loading test, positive SLR, limited range of motion, tenderness on palpation, 4/5 strength and decreased sensation in left LE. The patient had received lumbar median branch block on 1/22/15. The medication list include Norco, Elavil, Tylenol, Flexeril, Aleve and Advil. The patient had received 24 sessions of the chiropractic visits and 24 sessions of the acupuncture therapy.

## 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, Chapter 13 Knee Complaints Page(s): 308-310; 341. Decision based on Non-MTUS Citation Web-based version: 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 Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 04/15/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI of the lumbar spine. 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). The patient has had MRI of the lumbar spine on 10/24/2013 that revealed disc bulge with central canal stenosis, degenerative changes and facet hypertrophy and EMG on 1/21/14 that was normal and normal lab reports on 12/17/13. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The patient had received 24 sessions of the chiropractic visits and 24 sessions of the acupuncture therapy. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.