

<b>Case Number:</b>	CM15-0056572		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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

### 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 34 year old male who sustained an industrial injury on 12/16/14. Initial complaints and diagnoses are not available. Treatments to date include mediations. Diagnostic studies are not addressed. Current complaints include low back pain. In a progress note dated 02/28/15 the treating provider reports the plan of care as a MRI of the lumbar spine, Medrol pack, and tramadol. The requested treatment is a 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 2/25/15 progress report provided by the treating physician, this patient presents with constant low back pain rated 8/10 on VAS scale, with associated pain/numbness radiating down the leg. The treater has asked for MRI OF THE LUMBAR SPINE on 2/25/15 to evaluate for acute changes. The patient's diagnoses per request for authorization form dated 2/28/15 are lumbar sprain, lumbago, and disc displacement of intervertebral disc. The patient had a re-injury at work in December 2014, and his low back pain has been worsened since then per 2/25/15 report. The patient does complain of low back pain which feels worse per 1/5/15 report. However, the shooting pain when bending and when at rest seem to have resolved per 1/15/15 report, although the 2/25/15 report still mentions pain/numbness radiating down the legs. The patient has had physical therapy but not since the reinjury in December 2014. The patient's current medications are Tramadol and Medrol per 2/25/15 report. The patient has not had prior lumbar surgeries per 1/5/15 report. The patient is to return to modified work on 1/5/15 per 1/5/15 report. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRIs, 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). ACOEM Guidelines, chapter 8, page 177 and 178, state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. A prior lumbar MRI from 1/3/12 showed: facet joint degenerative changes at L5-S1 with moderate foraminal narrowing on the right and mild foraminal narrowing on the left at this level. Minimal annular disc bulge at L5-S1. No disc abnormality or spinal canal stenosis at the remaining levels per 2/25/15 report. The treater is requesting an updated lumbar MRI for acute changes per 2/25/15 report. The physical exam findings show a positive straight leg raise when lying down, but negative at 70 degrees, and no objective neurological findings. In the absence of any red flags, or neurologic findings, an MRI is not recommended per ODG and ACOEM. Repeat MRIs are indicated for progression of neurologic deficit, post-operative situation, or significant change in clinical presentation. Review of the records does not show documentations of significant change in symptoms and/or findings suggestive of significant pathology. The request IS NOT medically necessary.