

<b>Case Number:</b>	CM15-0057783		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/06/2008
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 36-year-old male, who sustained an industrial injury on 12/6/2008. He reported a jerking sensation in his low back with the subsequent onset of pain and swelling. Diagnoses have included mechanical back syndrome and lumbar post laminectomy syndrome. Treatment to date has included acupuncture, lumbar laminectomy, physical therapy, spinal cord stimulator (SCS) trial and medication. According to the Primary Treating Physician's Progress Report dated 12/1/2014, the injured worker complained of pain in the thoracic spine, lumbar spine and the bilateral lower extremities. He also reported numbness and tingling in both legs. He rated his pain as 10/10 without medications and 7/10 with medications. His current pain level was rated 8/10. Physical exam revealed positive straight leg raise on the left and moderate pain with lumbar extension. The injured worker ambulated with a cane. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine to evaluation for progression of spinal stenosis.

### 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

**Decision rationale:** The patient was injured on 12/06/08 and presents with pain in the mid back, low back, and bilateral leg. The request is for a MRI of The Lumbar Spine, "as patient is presenting with bilateral leg weakness." The utilization review denial rationale is that, "while the patient complained of mild left lower extremity weakness, there were no specific findings of radiculopathy such as specific myotomal weakness, decreased dermatomal sensation, or abnormal reflex testing. Reviewing notes since 2012, complains and physical exam findings are not markedly different to warrant repeat imaging." The RFA is dated 12/27/14 and the patient is permanent and stationary. It appears that the patient has had a prior MRI of the lumbar spine (date of imaging study not provided). For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who did not respond well to re-treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if severe or progressive neurologic deficit. In this case, the patient has had a prior MRI of the lumbar spine (date not provided). The patient is diagnosed with mechanical back syndrome and post-laminectomy pain syndrome, lumbar. He has a positive straight leg raise on the left in the L3 distribution, mild left lower extremity weakness, antalgic gait on the left, walks with a cane, and has moderate palpable spasms along the bilateral lumbar paraspinous musculature with positive twitch response. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.