

<b>Case Number:</b>	CM15-0060940		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on April 24, 2013. He reported having a motor vehicle accident, hitting his knees on the dashboard, and right hip on arm rest. The injured worker was diagnosed as having strain of the lumbar region/lumbar disc degeneration, and sprain or strain of the hip/osteoarthritis of the hip. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), radiofrequency ablations, Arthrogram with MRI of the right hip, right hip steroid injection, lumbar median branch blocks, massage, physical therapy, and medication. Currently, the injured worker complains of worsening low back pain and right hip pain. The Primary Treating Physician's report dated February 26, 2013, noted the injured worker reported his right hip pain worsening after receiving an injection of November 28, 2014. Physical examination was noted to show the injured worker with an antalgic gait, with right low lumbar pain and pain with side bending to the right. A MRI of the lumbar spine dated July 26, 2013, was noted to show a broad based posterior herniation of L5-S1 disc causing mild narrowing of the central canal and neural foramina bilaterally, diffuse posterior and right foraminal bulge of L4-L5 disc causing mild narrowing of the central canal and neural foramina bilaterally, a diffuse bulge L1-L2, L2-L3, and L3-L4 disc causing mild narrowing of the central canal and neural foramina bilaterally, and mild generalized facet arthropathy with mild vertebral offsets at multiple levels. The treatment plan was noted to include a request for a repeat lumbar spine MRI looking for herniated disc with radiculopathy to the right leg, to compare to the 2013 scan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis (updated 10/09/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are strain of lumbar region; lumbar disc degeneration; and sprain or strain of/osteoarthritis hip. In a progress note dated February 26, 2015, subjectively, the injured worker complains and worsening low back pain. The injured worker complains of lots of tightness to the sacrum and coccyx. Walking is more painful. The injured worker had multiple median branch blocks and physical therapy. The injured worker had an MR arthrogram February 28 (no year), massage therapy, an SI belt that did not help, right hip injection March 25 (no year) and arthroscopy that was scheduled but not authorized. Objectively, there is physical examination of the right hip. Upon flexion and internal rotation there is inguinal pane. Lumbar spine flexion is 80% with no pain. The documentation in the objective (dictated by the primary physician) section does not make grammatical sense. An MRI was performed July 26, 2013. The MRI showed broad-based posterior herniation L5 - S1 causing mild narrowing of the central canal and neural foramina bilaterally. There is diffuse posterior and right foraminal bulge of L4 - L5 disc causing mild narrowing of the central canal and neural foramina bilaterally but right more than left; disc measures 3 mm. There is a diffuse bulge at L1 - L2, L2 - L3, L3 - L4 discs causing mild narrowing of the central canal and neural parameter. There are no unequivocal objective findings and identify specific nerve compromise sufficient to warrant imaging. Additionally, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no new significant clinical symptoms or signs suggestive of significant pathology documented in medical record. Consequently, absent compelling clinical documentation with significant changes in symptoms or signs suggestive of significant pathology in an injured worker with a prior MRI performed July 26, 2013, MRI of the lumbar spine is not medically necessary.