

<b>Case Number:</b>	CM15-0083201		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 8/18/14. He reported initial complaints of low back, right leg and left wrist pain. The injured worker was diagnosed as having lumbar sprain/strain with radiculitis; lumbar intervertebral disc disease syndrome; left wrist sprain/strain; right knee sprain/strain; thoracolumbar sprain/strain. Treatment to date has included physical therapy; lumbar epidural steroid injection (ESI) L4-L5 (3/5/15). Diagnostics included MRI cervical (11/18/14) and lumbar spine (10/30/14). Currently, the PR-2 notes dated 3/19/15 indicated the injured worker has a lumbar epidural steroid injection (ESI) L4-L5 with 0% relief. The provider currently does not prescribe any medications to the injured worker for pain and the injured worker does not wish to have any pain medications. He would like to discuss another ESI. He complains of pain in his mid to low back from his work injury. The pain is described as increased in intensity and constant with pain quality described as sore, tight, stabbing, sharp and numb with a pain scale of intensity at 7/10. It is aggravated by walking, sitting, standing and alleviated by lying down to rest. It is associated with numbness and weakness to the right lower extremity. He has tried conservative therapy medications: acetaminophen, ibuprofen; physical therapy. A MRI lumbar spine reveals a collapsed disk at L4- 5 and slight spondylolisthesis at L4 and L5. There is disc protrusion with moderate to severe stenosis at L4-5. The MRI also notes dessication and collapse of T11-12 as apparent on the lumbar MRI. The provider is requesting a MRI without contrast of the thoracic spine as an outpatient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI without contrast of the thoracic spine as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Indications for imaging-MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." ODG lists criteria for low back and thoracic MRI, indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic-Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. While the patient does have pain lasting greater than one month, there is no documented conservative therapy or progressive neurological deficit. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI without contrast of the thoracic spine as an outpatient is not medically necessary.