MAXIMUS Federal Services

| Case Number: | CM15-0084284 | | |
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| Date Assigned: | 05/06/2015 | Date of Injury: | 11/12/2012 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

## 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 59-year-old female, who sustained an industrial injury on 11/12/2012. On provider visit dated 03/06/2015 the injured worker has reported low back pain that radiates to her legs. On examination, the cervical spine revealed a restricted cervical range of motion, tightness to straight leg raise was noted. Decreased range of motion in lumbar spine was noted. Pain radiating in the L4-5 and L5-S1 dermatome in the left leg with numbness on the posterolateral aspect of the left leg. The diagnoses have included healing cervical arthrodesis from C4-C7, dysphagia and lumbar radiculopathy and low back pain. The provider requested MRI of the lumbar spine without contrast.

## 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back, Indications for magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. 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 without contrast 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 healing cervical arthrodesis C4 through C7; dysphasia; and lumbar radiculopathy and low back pain. The date of injury is November 12, 2012. The primary complaint is neck pain. According to a September 22, 2014 progress note, the injured worker was two weeks post cervical fusion. There were no complaints of back pain at that time. Utilization review states, according to a December 29, 2014 progress note, the injured worker complained of low back pain. Medrol was prescribed with improvement in symptoms according to a January 15, 2015 progress. Subsequently, according to a March 6, 2015 progress note, the symptoms referable to the low back became worse. The most recent progress note in the medical records dated March 6, 2015. The injured worker continued to have low back pain that continued to be an issue. The low back pain radiates to both legs. Objectively, there was positive straight leg raising with decreased range of motion of the lumbar spine. There was no neurological evaluation in the medical record. There was no documentation of conservative treatment such as physical therapy to the lumbar spine. The treatment plan states "please authorize new MRI". It is unclear whether this represents the injured worker had a prior MRI. Additionally, there were no plain radiographs of the lumbar spine in the medical record. Consequently, absent clinical documentation with unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation, evidence of conservative therapy in the absence of red flags, MRI of the lumbar spine without contrast is not medically necessary.