

<b>Case Number:</b>	CM15-0086626		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/30/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Hawaii  
 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 75 year old male, who sustained an industrial injury on 09/30/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in the shoulder joint secondary to total joint arthroplasty, neck pain, and cervical myelopathy requiring urgent surgical decompression. Treatment to date has included electromyogram of the lower extremities in 07/2014, magnetic resonance imaging of the lumbar in 07/2010, medication regimen, status post cervical fusion, and physical therapy. Progress note from 04/09/2015 indicates that magnetic resonance imaging from 07/2010 was remarkable for disc protrusions to the lumbar three through sacral one with mild central canal stenosis and moderate to severe bilateral neural foraminal stenosis that is greatest at lumbar four to five. This note also documented lower electromyogram of the 07/2014 that was revealing for bilateral lumbar five and sacral one radiculopathy. On 04/09/2014 the treating physician reports continued pain to the left shoulder with radiation to the left arm to the middle two fingers. The treating physician also notes sciatic pain to the right buttock, back of the leg, and the right foot and toes with associated symptoms of numbness and a cold sensation to the back of the right calf. The documentation indicated that these symptoms have increased recently. The treating physician requested magnetic resonance imaging of the lumbar spine noting that the injured worker is having symptoms into the right lower extremity since the prior magnetic resonance imaging in 2010.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar spine MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Chapter: Lumbar and Thoracic, MRI's (magnetic resonance imaging), Indications for imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with left shoulder pain with radiation into the left arm to the two middle fingers. Additionally, the patient complains of sciatic pain down the right buttock, back of the leg and to the toes of the right foot with numbness and cold sensation in the back of the right calf. The current request is for MRI of the lumbar spine. The treating physician states on 4/9/15 (5B) that the patient "continues to have significant pain in the right lower extremity, which has been worse the past couple of months." The treating physician has requested a surgical consultation and would additionally like an updated MRI since the last one was done in 2010 which showed lumbar disc protrusions from L3-S1 with mild central canal stenosis and moderate to severe bilateral neural foraminal stenosis. The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the treating physician has documented a change in symptoms from radiculopathy in the left leg to now that of the right leg. The current request is medically necessary and the recommendation is for authorization.