MAXIMUS Federal Services

| Case Number: | CM15-0087920 | | |
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| Date Assigned: | 05/12/2015 | Date of Injury: | 12/28/1984 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old male, who sustained an industrial injury on 12/28/84. Initial complaints were not reviewed on this 30 year injury. The injured worker was diagnosed as having cervical strain/sprain; thoracic strain; lumbar intervertebral disc syndrome without myelopathy; lumbar strain. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 3/27/15 indicated the injured worker complains of experiencing a flare-up of his condition. He notes he is getting a lot more leg pain and it's happening more often now. He feels it is getting a lot worse and is not able to get the treatment when he needs it. The injured worker is still trying home exercises, does self-procure massage and acupuncture but it is not helping enough. Objective findings per the provider note flexion 50 degrees, extension 50 degrees, positive straight leg raise, Kemp's positive, spams in bilateral quadratus lumborum, lumbar flexion 10 degrees and extension 5 degrees. There is positive heel/toe walk, joint dysfunction sacrum, L5, L4, T9, T4, C6, C2, 1+ DTRs in the lower extremities, 5/5motor strength in the upper, 4/5 in the lower - possibly due to increased pain with testing, positive Valsalva. The PR-2 notes submitted from chiropractor indicate the injured worker has a clinical history of diabetes mellitus and cannot take over the counter pain medications frequently due to stress on his kidneys. He swims, paddle boards for exercise, and watches his diet. He feels his pain is getting worse but chiropractic therapy does help. The provider is requesting a lumbar spine MRI.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI's, ACOEM guidelines chapter 7, page 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated:"Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no change of the clinical examination There is no clear evidence of significant change of the clinical examination of the patient compared to the patient baseline. There is no change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for Resonance Imaging (MRI) of the lumbar spine is not medically necessary.