

<b>Case Number:</b>	CM14-0123765		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 62-year-old male was reportedly injured on August 15, 2005. The mechanism of injury was not disclosed. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of low back pain with radiation to the lower extremity. The physical examination demonstrated a normal general examination and a normal neurological examination. Diagnostic imaging studies objectified and included an MRI of the lumbar spine, referenced from November 14, 2011, noting enhancement seen in the posterior interspinous ligaments behind the L2-L3 suggesting synovitis or changes of ligamentous sprain and/or surgery. An MRI of the lumbar spine in June 2009 revealed no interval change in the multilevel disc protrusions and bulges and posterior facet arthrographic changes when compared to the prior MRI of the lumbar spine in February 2009. Mild interval increase in enhancement in the soft tissue along both of the posterior facets at L2-L3 could be reflective of ongoing synovitis. Prior treatment has included bilateral L3 and L4 decompressive laminotomies and the bilateral microsurgical discectomies at L3-L4 and L4-L5, pharmacotherapy, physical therapy, activity modification, and injections. A request had been made for a surgical consultation and treatment and an MRI of the lumbar spine and was denied in the pre-authorization process on July 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation and Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

**Decision rationale:** MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The medical record, presents no evidence of neurological findings, recent spinal trauma, concern for infection, neoplasm, or a surgical lesion. There is no documentation in the medical record to substantiate the medical necessity of a specialty referral. There is absence of pathology or findings of a progressive change, which is not evident in the documentation. As such, this request is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ([http://www.odg-twc.com/odgtwc/low\\_back.htm#MRIs](http://www.odg-twc.com/odgtwc/low_back.htm#MRIs))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance Imaging (MRI) (updated 07/03/14).

**Decision rationale:** CA MTUS guidelines support MRI evaluation for patients with chronic radiculopathy lasting at least 4 to 6 weeks when symptoms are not trending towards improvement, and if prompt surgical treatment is being considered, assuming the MRI confirms ongoing nerve root compression. Repeat MRI imaging is not referenced in the CA MTUS/ACOEM guidelines; therefore, ODG guidelines are used. ODG guidelines support repeat MRI studies when there has been a significant change in symptomatology and/or findings suggestive of significant pathology. Review of the available medical records indicates the claimant has had multiple MRIs of the lumbar spine. There has been no documentation of a change in findings on clinical presentation to substantiate the need for additional MR imaging and there are no red flag symptoms noted. As such, this request is not medically necessary.