

<b>Case Number:</b>	CM14-0133340		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/29/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old female with a reported injury on 06/29/2002. The mechanism of injury was a slip and fall. The injured worker's diagnoses included chronic pain, post back surgery pain syndrome, and lumbosacral radiculopathy post discectomy at L5-S1. The injured worker's previous treatments included medications, a sacroiliac joint injection, lumbar epidural steroid injections with no relief and followed by a seizure subsequent to the injection, at least 2 more lumbar epidural steroid injections which provided no relief, physical therapy, a home exercise program, a 4 wheeled walker, a cognitive evaluation, speech therapy, and left psoas injection on 11/30/2012 which provided 2 days of relief. The injured worker's previous diagnostic testing included multiple x-rays and CT scans. On 07/11/2002, a lumbar spine MRI showed a 3 mm central and right paramedian disc protrusion without stenosis. On 12/17/2009, a lower extremity EMG/NCV showed mild neurogenic changes and L5 innervated muscles, otherwise normal. On 03/19/2010, the injured worker underwent an MRI/MRA/MRV of the brachial plexus. On 05/03/2010, an EMG revealed chronic lumbar radiculopathy pattern and/or peroneal motor component of the sciatic nerve, otherwise normal. On 12/21/2010, a CT of the lumbar spine indicated mild to moderate foraminal stenosis at L5-S1. The injured worker's surgical history included an L4-5 and L5-S1 microdiscectomy, the date of which is unclear. The injured worker was evaluated on 07/29/2014, where she complained of head, left hip, right hip, left upper thigh, and left ankle, foot, and toe pain. The clinician performed a physical exam where leg, thigh, arm, and forearm measurements were equal bilaterally. The straight leg raise was positive bilaterally, more on the left than the right. There was a vertical scar to the lumbar spine. There was tenderness to the paravertebral paraspinal muscles. The clinician's plan was to prescribe Percocet and Soma. An MRI was also ordered on that date. The request was for MRI

of the lumbar spine. No rationale for the request was provided. The request for authorization form was not provided.

### **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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for the low back regarding Special Studies and Diagnostic and Treatment Considerations chapter 12

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The injured worker did have multiple complaints of pain. The Official Disability Guidelines state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. While the straight leg raise was positive on 07/29/2014, there was no decreased sensation in a dermatomal distribution or weakness or decreased deep tendon reflexes documented. As no rationale was provided for the request, the question of how the results of an MRI would change the patient's treatment plan is unanswered. Therefore, the request for MRI of the lumbar spine is not medically necessary.