

<b>Case Number:</b>	CM14-0149053		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2014

### 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 Antesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old female with a 6/30/08 date of injury. At the time (6/10/14) of request for authorization for MRI Lumbar Spine, there is documentation of subjective complaints included low back pain with numbness/tingling over bilateral lower extremities. The objective findings included tenderness to palpation over lumbar spinous process and bilateral sacroiliac joints, positive bilateral straight leg raise, decreased lumbar range of motion, and decreased sensory exam over lateral aspect of right foot. The imaging findings reported MRI of lumbar spine (10/27/10) which revealed L4-5 moderate degenerative disc disease and 5mm disc protrusion; report not available for review. The current diagnoses are lumbosacral degenerative disc disease and lumbago. The treatment to date includes medications. Medical report identifies a request for an updated MRI prior to recommendations for surgical intervention. There is no documentation of a diagnosis/condition for which a repeated study is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Official Disability Guidelines (ODG) identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Such as, to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbosacral degenerative disc disease and lumbago. However, despite documentation of a request for an updated MRI prior to recommendations for surgical intervention, and given documentation of imaging findings (reported MRI of lumbar spine (10/27/10) revealed L4-5 moderate degenerative disc disease and 5mm disc protrusion; report not available for review), there is no documentation of a diagnosis/condition for which a repeated study is indicated to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings. In addition, despite documentation of the medical report's reported imaging findings (MRI of lumbar spine identifying L4-5 moderate degenerative disc disease and 5mm disc protrusion), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI Lumbar Spine is not medically necessary.