

<b>Case Number:</b>	CM14-0150311		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation, 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:

The injured worker is a 34 year-old individual with a date of injury of 7/28/2008. The patient's industrially related diagnoses include chronic low back pain, lumbar radiculopathy, chronic neck and upper back pain, fibromyalgia, and cervical radiculopathy. The disputed issue is a request for MRI of the lumbar spine. The requesting provider's reasoning for this request was worsening of symptoms since the last imaging report. A utilization review determination had noncertified this request. The stated rationale for the denial was that the patient "is not presented as having neurologic dysfunction or as a surgical candidate at this time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) 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), Low Back (updated 08/22/14)

**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), Low Back Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. The submitted documentation indicates that a prior MRI of the lumbar spine was done on 1/5/2010, and demonstrated multilevel degenerative disc disease and neuroforaminal narrowing. There was a large disc extrusion at L5-S1. There was also another lumbar MRI done December 2012, but the report is not available. This is important and there appears to be no commentary on the findings of the lumbar MRI done at this time. The patient at the time of the January 22, 2013 progress note was noted to have decreased L3-S1 dermatomes on the right, but normal heel-toe walk. Straight leg raise at that time was negative and a more recent progress note in February 2014 documents positive slump testing and weakness in some of the motor groups of the lower extremities, including the right EHL and bilateral eversion. Essentially, a similar physical exam was documented in follow-up notes until August 2014. There is a statement from the patient's requesting provider that the subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. The patient is amenable to interventional options at this time. However, even though prior epidural steroid injections were mentioned, there is no mention of the efficacy of prior injections. Without this information, one cannot ascertain whether repeat epidural steroid injections or interventional procedures are warranted. Therefore, despite the documentation of continued abnormality on physical exam (which has been stable in the last 6 months), the lack of commentary on the most recent MRI and the failure to document prior efficacy of spine injections make it unclear as to how a repeat MRI would affect the present treatment plan. The lumbar MRI is not medically necessary.