

<b>Case Number:</b>	CM14-0081635		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational 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:

Injured worker is a male with date of injury 7/29/2011. Per the pain management progress note dated 8/28/2014, the injured worker had fallen down in elevator shaft on 7/29/2011. He complains of pain in the lumbar region and has been experiencing this pain for 3 years. He describes pain as aching, burning, electric shock, shooting and stabbing. The pain radiates to the bilateral lower extremities and buttocks. He states at its worst the pain is 10/10, and on average about 8/10. The pain is made worse by bending, bowel movements, changing position, coughing, cold weather, climbing stairs, driving, increased activity, lifting, movement, physical activity, sexual activity, sit to stand transfers, sitting for prolonged periods, sneezing, standing for prolonged periods, standing straight up, sleeping, turning head to the left and right, walking and weather changes. It gets better with heat, hot baths, medications and rest. Other associated symptoms/problems include feeling blue all the time, frustrated because of pain, muscle cramps, need for sleeping pills, restriction on the activities, weakness, depression and headaches. He reports numbness in association with his pain, and he has fallen recently. He reports that he has balance problems. He reports that he has trouble falling asleep, getting on average 5 hours of sleep a night. He can sit for up to 30 minutes. Daily activities affected by pain include socializing with friends and performing household chores. He uses a cane as an assistive device. There is history of vertigo/dizziness and fibromyalgia. He has tried physical therapy with no relief. He has tried pool therapy and experienced some relief. He has tried psychiatric therapy, and experienced no relief. He has tried spine surgery with some relief. He tolerates medications but feels pain is no longer being controlled and he is unable to sleep at night due to the pain. He continues to report some day time sweating with the addition of methadone, but not enough to be bothersome. He also reports dry mouth and raspy throat/voice for the past few weeks. On examination of lumbar spine, bilateral paraspinal muscles are tender with abnormal bulk and

increased tone. Palpation of the lumbar facets reveals positive facet loading. Palpation of the sacral iliac joints (discs) reveals no pain. Anterior flexion of lumbar spine is noted to be 40 degrees with pain. Extension of lumbar spine is noted to be 20 degrees and with pain. Lateral flexion is 15 degrees with pain, bilaterally. Diagnosis is failed back syndrome, lumbar.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Spine Magnetic Resonance Imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, , Low back, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equina, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is no indication that the injured worker has had a significant clinical change that would indicate the need for a repeat lumbar MRI. As such, the request is not medically necessary.