

<b>Case Number:</b>	CM14-0212432		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old male sustained a work related injury on 09/07/2012. According to an office visit dated 11/28/2014, the injured worker complained of low back pain radiating down the legs. According to the provider a caudal epidural steroid injection was denied by Utilization Review. The provider noted that the physician reviewer raised the issue that a recent MRI scan was not available for review. Diagnoses include post-laminectomy syndrome lumbar region and dietary surveillance counseling. Treatments have included medications and acupuncture. The provider noted that he has requested repeat lumbar MRI with and without contrast only because the physician review who denied authorization for caudal epidural steroid injection cited "no recent MRI" as a reason. According to the Utilization Review physician, the injured worker underwent an MRI of the low back on 07/05/2013 that revealed L4-5 right sided laminectomy, epidural adhesions, fibrosis and degenerative changes. The medication list include Gabapentin, Duloxetine, MS contin, Naproxen. Norco, Zolpidem, Cymbalta, lorazepam and Senna. The patient had received lumbar ESI for this injury The patient's surgical history include L4-5 right sided laminectomy in 2013 and CTR. The patient has used a cane for this injury. Per the doctor's note dated 11/18/14 patient had complaints of low back pain with radiation of pain at 8-10/10. Physical examination revealed antalgic gait, tenderness on palpation, unable to stand on toes and heel, limited range of motion, positive SLR and positive Facet loading test and decreased strength in legs, 1+ reflexes. Patient has received an unspecified number of PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 03/03/15) MRIs (magnetic resonance imaging)

**Decision rationale:** Request: MRI lumbar spine Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." According to an office visit dated 11/28/2014, the injured worker complained of low back pain radiating down the legs. According to the Utilization Review physician, the injured worker underwent an MRI of the low back on 07/05/2013 that revealed L4-5 right sided laminectomy, epidural adhesions, fibrosis and degenerative changes. The medication list includes Gabapentin, Duloxetine, MS Contin, Naproxen, Norco, Zolpidem, Cymbalta, lorazepam and Senna. The patient had received lumbar ESI for this injury. The patient's surgical history includes L4-5 right sided laminectomy in 2013 and CTR. Per the doctor's note dated 11/18/14 patient had complaints of low back pain with radiation of pain at 8-10/10. Physical examination revealed antalgic gait, tenderness on palpation, unable to stand on toes and heel, limited range of motion, positive SLR and positive Facet loading test and decreased strength in legs, 1+ reflexes. Patient has received a number of PT visits for this injury. Therefore the patient had significant objective findings and had failed several conservative treatments. The MRI lumbar spine is deemed medically appropriate and necessary for this patient.