

<b>Case Number:</b>	CM14-0214647		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 56-year-old male with a date of injury of 05/20/2010. According to progress report dated 11/10/2014, the patient presents with chronic low back pain. The treating physician states that a followup with an AME has declared the patient at maximum medical improvement. The patient has been seen by neurosurgeon who has recommended lumbar spine surgery. It was noted the patient does have L5-S1 disk pathology and confirmed radiculopathy on nerve conduction study. Physical examination revealed the patient utilizes single point cane for ambulation due to radiculitis going down into the leg. The patient's sitting straight leg raise remains positive with clinical presentation of L5-S1 radiculopathy. Lasegue's test is positive. The listed diagnoses are: 1. Spinal stenosis, lumbar region, without neurogenic claudication. 2. Degeneration of lumbar or lumbosacral intervertebral disk. 3. Thoracic with lumbosacral neuritis, radiculitis. 4. Neuralgia, neuritis and radiculitis. Treatment plan was for refill of medications and a followup in 1 month for reevaluation. According to supplemental report dated 11/24/2014, the patient requires an upright MRI of the lumbar spine with excursion movements to look for instability. The utilization review denied the request on 12/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upright MRI of the lumbar spine with excursion movements:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

**Decision rationale:** This patient presents with chronic low back pain. The current request is for 1 upright MRI of the lumbar spine with excursion movement as an outpatient. The treating physician states that the upright MRI is required to look for instability. The Utilization review denied the request stating that no recent physical examination findings have been provided. Additionally, the clinician indicates that previous MRIs have demonstrated progression of lumbar pathology. For special diagnostics, ACOEM Guidelines page 303 states, “unequivocal objective findings that identify specific nerve compromise in the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.” ACOEM Guidelines do not specifically discuss upright MRIs, but the ODG Guideline under the low back chapter discusses standing MRI and states, “not recommended over conventional MRIs.” The treating physician is requesting MRI to evaluate for instability. Given the patient has been recommended for surgery, pre-operative MRI may be indicated. However, the treating physician has requested an upright MRI of the lumbar spine which ODG states is not recommended over conventional MRIs. This request is not medically necessary.