

<b>Case Number:</b>	CM14-0216207		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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, Pain Management

### 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 is a patient on the date of injury of April 24, 2012. A utilization review determination dated December 16, 2014 recommends noncertification of an MRI of the lumbar spine. Noncertification was recommended due to lack of documentation of symptom and finding progression since the most recent MRI and EMG. A progress report dated November 7, 2014 identifies subjective complaints of neck and low back pain which have remained unchanged. The patient reports new stabbing pain in his left abdomen. The patient has previously undergone acupuncture, chiropractic treatment, physical therapy, and medications. Objective examination findings reveal diminished sensation of the left L4 dermatome and decreased strength in the lower extremities. Diagnoses include cervical radiculopathy, lumbar radiculopathy, facet arthropathy of the lumbar spine, and multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing. The treatment plan recommends an MRI of the patient's lumbar spine. Consideration for injections and surgery were discussed. An appeal letter dated October 20, 2014 states that the patient's symptoms and findings have worsened since the most recent MRI, and state the consideration of interventional procedures will be based upon the outcome of the MRI. A functional capacity evaluation dated July 17, 2014 has a similar objective examination findings when compared with the November 7, 2014 progress report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI 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

**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 repeat lumbar MRI, Occupational Medicine 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no documentation indicating specifically how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.