

<b>Case Number:</b>	CM15-0100027		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 55-year-old male, who sustained an industrial injury on July 7, 2008. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included low back pain, lumbosacral neuritis or radiculitis and sciatica. Treatment to date has included medications, radiological studies, MRI, back brace and a home exercise program. Current documentation dated April 2, 2015 notes that the injured worker reported ongoing low back pain with radiation to the left lower extremity. The pain was characterized as sharp, stabbing, burning, aching and radiating. The pain was rated an eight out of ten on the visual analogue scale. Associated symptoms include weakness, locking, numbness and tingling. The injured workers pain was noted to be worsening. Examination of the lumbar spine revealed palpable trigger points in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. Range of motion was noted to be painful and limited due to pain. Paresthesia to light touch was noted in the medial and lateral leg bilaterally. Motor testing revealed weakness of the bilateral knees. A sacroiliac joint compression test and Slump test were positive. The treating physician's plan of care included a request for an MRI of the lumbosacral spine without contrast to assess for progression of the disease pathology due to weakness in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbosacral spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Low Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms."The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for One MRI of the lumbosacral spine without contrast is not medically necessary.