

<b>Case Number:</b>	CM15-0017648		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 44-year-old female sustained a work related injury on 06/08/2000. According to a progress report dated 10/14/2014, the injured worker complained of increased leg and back pain. Pain was constant and was rated 9 on a scale of 1-10. Physical examination revealed tenderness to palpation to the lumbar paraspinous area, decreased range of motion in all plane, lumbar surgical scar, and bilateral lumbar radicular signs. There was also edema in the extremity. Diagnoses include chronic pain syndrome, spinal stenosis, lumbalgia, reflex sympathetic dystrophy, and opioid type dependency. Authorization was pending for intrathecal pump revision vs. removal. Plan of care included medications and MRI of the lumbar spine without contrast. According to a progress report dated 12/15/2014, the injured worker had increased pain and irritation at intrathecal pump removal site and increased pain in the right lower extremity. Physical examination revealed tenderness to palpation to the lumbar paraspinous area, decreased range of motion in all plane, lumbar surgical scar and bilateral lumbar radicular signs, decreased patellar and Achilles reflex noted on the right lower extremity. There was also edema in the extremity. On 01/21/2015, Utilization Review non-certified MRI of Lumbar without contrast. According to the Utilization Review physician, there was no evidence of neurologic deficit on physical examination and no evidence that the injured worker had failed initially recommended conservative treatment. Guidelines cited for this review included CA MTUS ACOEM Chapter 12, pages 303-305. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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, computer tomography [CT] for bony structures)". Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture, or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for lumbar MRI is not medically necessary.