

<b>Case Number:</b>	CM15-0110900		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/25/1998
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California, Hawaii  
 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 injured worker is a 65-year-old female, who sustained an industrial/work injury on 9/25/98. She reported initial complaints of back pain. The injured worker was diagnosed as having failed back surgery syndrome, myalgia, myositis, and lumbosacral radiculopathy. Treatment to date has included medication, trigger point injection, and diagnostic testing. Currently, the injured worker complains of worsening radicular pain, numbness and tingling down the legs. Pain was rated 8/10 with medication and 10/10 without medication. Per the primary physician's progress report (PR-2) on 4/29/15, examination revealed decreased lower extremity strength, antalgic gait, lumbar spasms, positive straight leg raise bilaterally, pain with range of motion, decreased sensation at L3 bilaterally, and absent at L4, L5. The requested treatments include MRI (magnetic resonance imaging) Lumbar spine, with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Lumbar spine, with and without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Lumbar & Thoracic) (Acute & Chronic) - MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, MRIs.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for MRI (magnetic resonance imaging) Lumbar spine, with and without contrast. The treating physician report dated 4/29/15 (26B) states, "Further diagnostic evaluations ordered today include(s) MRI LUMBAR SPINE W/O & W/DYE to be performed." The report goes on to state, "Severity level is severe. The problem is worsening. It occurs persistently. Location of pain is upper back, middle back, lower back and neck. Pain is radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh and right thigh." The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." The medical reports provided, do not show that the patient has had a previous MRI of the lumbar spine. In this case, the patient presents with persistent low back pain that radiates down the bilateral lower extremities. Furthermore, the patient has not responded to previous conservative treatment and still experiences severe pain. The current request satisfies the ODG guidelines as outlined in the "Low Back" chapter. The current request is medically necessary.