

<b>Case Number:</b>	CM15-0118075		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 9/24/2013. He reported injuring his neck, shoulders and entire back in a motor vehicle accident. Diagnoses have included cervical spondylosis C4-5, status post anterior decompression and fusion C5-6 and post-laminectomy L5-S1 aggravated by a traffic collision. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 5/6/2015, the injured worker complained of neck pain. He also complained of intermittent numbness and pain in his left forearm which started post-operatively. He complained of more low back, left buttock and leg pain since a traffic collision. Physical exam revealed positive straight leg raise on the left side. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine.

### 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 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) Treatment in Workers Compensation, Online Edition, Lumbar & Thoracic (Acute & Chronic), MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are anterior decompression and fusion C5- C6; cervical spondylosis C4 -C5; and post laminectomy L5 -S1 aggravated by a traffic collision. Subjectively, according to a May6, 2015 progress note, the injured worker presents the left arm numbness and pain in the forearm. The worker complained of more back pain and left buttock and leg pain. Objectively, it was a physical examination of the neck with range of motion and upper extremities. It was positive straight leg raising on the left, but no additional physical examination of the lumbar spine. There was no neurological evaluation. The treatment plan should not contain a rationale or discussion of an MRI lumbar spine. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Moreover, as noted above, there is no neurologic examination of the lower extremities and lumbar spine. Consequently, absent clinical documentation with objective findings and a neurological evaluation, unequivocal objective findings that identify specific nerve compromise, a clinical indication or rationale/discussion in the treatment plan for an MRI lumbar spine, MRI of the lumbar spine is not medically necessary.