

<b>Case Number:</b>	CM15-0120437		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 51 year old female, who sustained an industrial injury on 9/13/09. Initial complaints were not reviewed. The injured worker was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc; spinal stenosis of the lumbar region; low back pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4/28/15 indicated the injured worker complains of back pain. She returns to this office in regards to her back pain and reports she has had 6 visits of physical therapy which has helped this pain and allows her to continue to work. She continues to have residual numbness and tingling with sitting and standing for long periods of time. Her right leg pain that radiates to her right foot is worse than the left, however, her left leg pain radiates to her left foot more consistently. She walks with a limp. She reports she is taking Tylenol twice a day and also uses ice for the pain. On physical examination, the provider documents the injured worker is able to perform heel/toe walking with difficulty and not able to perform tandem gait. The lumbar spine exam notes tenderness is moderate. Palpation of the hip notes no tenderness. Her range of motion on flexion and extension is normal but pain with motion. Her L1 motor strength reveals on the right and left hip flexion iliopsoas 5/5. The L2-L4 right and left knee extension is 4/5. L5 motor strength on the left and right knee extension quadriceps is 4/5. Her L5 motor strength on the and left ankle dorsiflexion tibialis anterior is 5/5 and great toe extension extensor hallucis longus is 5/5 and ankle dorsiflexion on the right is 5/5 but on the left ankle dorsiflexion anterior is 4/5. The S1 motor strength on the right and left plantar flexion gastrocnemius is 5/5/ and hamstrings are both 5/5. She has diminished right and left ankle reflexes and knee reflexes. The sensation on the right and left T1, L1, L2, L3, L4, L5, S1, S2 and distal extremities are normal. Her straight

leg raise in seated position for the right and left are normal. The left notes a positive cross straight left raise. The provider's treatment plan included 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 of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 degeneration lumbar intervertebral disc; spinal stenosis lumbar region; low back pain; and degeneration intervertebral disc The treating provider requested a "new MRI of the lumbar spine" to evaluate positive straight leg raising that was reportedly new on physical examination. The medical record contains 33 pages. The medical record suggests the injured worker had a prior magnetic resonance imaging of the lumbar spine. There was no hardcopy report of the MRI lumbar spine. The request for authorization is dated May 21, 2015. A progress note dated April 28, 2015 states the injured worker has ongoing low back pain and received six physical therapy sessions. Documentation does not state the injured worker has developed a significant change in symptoms and or objective findings suggestive of significant pathology. Additionally, there are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Objectively, the neurologic evaluation objectively shows diminished right ankle reflexes, diminished left knee reflexes, and straight leg raising test positive on the right. Consequently, absent clinical documentation with unequivocal objective findings on neurologic evaluation that identifies specific nerve compromise and a significant change in symptoms and/or objective findings suggestive of significant pathology, MRI lumbar spine is not medically necessary.