

<b>Case Number:</b>	CM15-0121162		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/07/2009
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

Certification(s)/Specialty: Emergency 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 53 year old male sustained an industrial injury on 2/07/09. He subsequently reported back pain. Diagnoses include lumbar post-laminectomy syndrome and lumbago. Treatments to date include x-ray and MRI testing, back and knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there are palpable taut bands in the areas of pain. Straight leg raise of the affected side reproduces the injured worker's radicular symptoms. A request for MRI of the thoracic and MRI of the lumbar was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request is for a repeat MRI of the thoracic spine due to persistent pain and to re-evaluate his condition. The pain management follow-up on June 2, 2015 states physical therapy has helped him become more functional and he is able to drive short distances, cook, and shop for groceries. Further the note states "He states that he has a new lawyer and they are asking for new MRIs for his back to further assess his pain and deterioration." There is inadequate documentation of a change in the patient's neurologic status or "red flags" which would warrant repeat MRI's. The ACOEM guidelines state the following: "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)." Due to inadequate documentation of an acute change in neurologic status, repeat MRI studies are not medically necessary.

**MRI of the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request is for a repeat MRI of the lumbar spine due to persistent pain and to re-evaluate his condition. The pain management follow-up on June 2, 2015 states physical therapy has helped him become more functional and he is able to drive short distances, cook, and shop for groceries. Further the note states "He states that he has a new lawyer and they are asking for new MRIs for his back to further assess his pain and deterioration." There is inadequate documentation of a change in the patient's neurologic status or "red flags" which would warrant repeat MRI's. The ACOEM guideline states the following: "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)." Due to inadequate documentation of an acute change in neurologic status, repeat MRI studies are not medically necessary.

