

<b>Case Number:</b>	CM15-0121226		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<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: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 1/1/08. Diagnoses are lumbar spine with spondylothesis of L4 on L5 with first-degree anterior displacement, pars defect at L4 bilaterally, and lumbar spine rule out radiculopathy. In a progress report dated 5/8/15, the physician notes the injured worker is seen for a surgical consultation. Complaints are of low back pain which are constant. The pain radiates to the left groin area and bilateral legs to ankles which is more frequent lately. He has intermittent numbness and tingling to both feet. Pain is made worse with prolonged standing, sitting, walking, bending, twisting and is relieved with medication, changing positions and rest. This does wake him from sleep at times. He presents for the purpose of determining whether or not he is a surgical candidate with regard to his lumbar spine. He complains of low back pain with radiation down bilateral lower extremities, greater on the left. He has weak dorsiflexion of the left foot and a slightly depressed left ankle reflex. It appears he has neurological changes requiring a laminectomy and fusion. The treatment plan is for updated electrodiagnostic studies of the back and bilateral lower extremities as well as a repeat MRI of the lumbar spine. An MRI of the lumbar spine dated 7/11/14 demonstrates age related degenerative changes in the discs with minimal disc bulges less than 2 millimeters and no clear nerve root compression noted. The lumbar facet arthropathy is noted. Work status is to remain off work until 5/31/15. Medications are Tramadol ER, Cyclobenzaprine, and Protonix. Previous treatment includes Norco, Tramadol, physical therapy, a stretching program, chiropractics, acupuncture, sacroiliac joint injection, bilateral facet injection, and lumbar epidural injection; with no benefit from injections. The requested treatment is an updated MRI of the lumbar spine without dye.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Updated MRI of the Lumbar spine:** Overturned

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

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

**Decision rationale:** The MTUS states that 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this patient, he has had increased radicular symptoms in both legs; consequently, he has been referred for a surgical consult. It is not possible to evaluate the patient for possible surgery without a recent MRI. I am reversing the previous UR decision. Updated MRI of the Lumbar spine is medically necessary.