

<b>Case Number:</b>	CM15-0121418		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<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, 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:

This 60 year old man sustained an industrial injury on 12/14/2006. The mechanism of injury is not detailed. Diagnoses include lumbosacral radiculopathy with lower extremity weakness, lumbosacral neuroforaminal stenosis, lumbosacral disc protrusions, lumbar spinal stenosis, lumbar spine disc protrusions, lumbar and lumbosacral retrolisthesis, and lumbar spine sprain/strain. Treatment has included oral medications. Physician notes dated 5/20/2015 show complaints of low back pain rated 7/10 with radiation to the bilateral thighs and feet. Recommendations include lumbar transforaminal epidural steroid injection with follow up visit one week post-injection, updated lumbar spine MRI, Medrol dose pack, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Closed 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, closed 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 right and left L5 - S1 radiculopathy with lower extremity weakness; right and left L4 - L5 radiculopathy with lower extremity weakness; bilateral severe L5 - S1 neuroforaminal stenosis; moderate to severe central L5 - S1 stenosis; essential L5 - S1 disc protrusion; severe L4 - L5 central stenosis; moderate bilateral L4 - L5 neuroforaminal stenosis; central L4 - L5 disc protrusion; moderate to severe central L3 - L4 spinal stenosis; moderate bilateral L3 - L4 neuro-foraminal stenosis; central L3 - L4 disc protrusion; central L2-L3 disc protrusion with moderate central stenosis; moderate L1 - L2 disc protrusion with moderate central analysis; grade 1 retrolisthesis of L3 on L4 and L5 on S1; and lumbar sprain strain. The date of injury is August 26, 2014. Request for authorization is dated June 3, 2015. The most recent progress notes dated May 20, 2015. Subjectively, the injured worker complains of low back pain that radiates to the bilateral lower extremities 7/10. The patient reports acutely aggravated left low back pain and left lower extremity radicular symptoms. Objectively, there is tenderness to palpation of the lumbar paraspinal muscle groups with decreased range of motion. Motor examination is normal. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Additionally, since the exacerbation, there is no documentation of a new trial of physical therapy (at least one-month conservative therapy). An MRI of the lumbar spine was performed March 31, 2008. There is no hard copy of the MRI results in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation of a significant change in subjective symptoms and objective findings suggestive of significant pathology. Consequently, absent clinical documentation with hardcopy results of prior MRI dated March 31, 2008, recent clinical findings reflecting a significant change in subjective symptoms and objective clinical findings suggestive of significant pathology and a recent trial of conservative treatment (physical therapy) as a result of the exacerbation, closed MRI of the lumbar spine is not medically necessary.