

<b>Case Number:</b>	CM15-0125063		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Family Practice

### 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 46-year-old female, who sustained an industrial injury on 8/22/13. Per progress reports MRI on 10/18/13 has revealed 5 mm disc bulge at L4-5 She has reported initial complaints of back pain. The diagnoses have included lumbar disc protrusion with stenosis, lumbosacral neuritis, lumbar degenerative disc disease (DDD) and probable radiculopathy. Treatment to date has included medications, epidural steroid injection (ESI), activity modifications, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/10/15, the injured worker complains of constant back pain. She has had 2 epidural steroid injections (ESI) with no improvement. She is not able to work. The objective findings reveal that lumbar range of motion is 80 percent and there is pain with extremes of motion. The straight leg raise causes back pain bilaterally. Neurological exam is intact.. The physician requested treatment included Outpatient Magnetic Resonance Imaging (MRI) of the lumbar spine to determine if there is need for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ MRI ½ (magnetic resonance imaging).

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, repeat magnetic resonance imaging is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker is noted to have evidence of 5 mm disc herniation at the L4-5 level. The injured worker is diagnosed with probable radiculopathy and request has been made for imaging studies to determine surgical candidacy. However, the current examination findings do not establish evidence of neurologic deficits in a dermatomal or myotomal pattern to cause concern for radiculopathy stemming from the lumbar spine. The request for Outpatient MRI lumbar is therefore not medically necessary and appropriate.