

<b>Case Number:</b>	CM15-0126534		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 54-year-old male who sustained an industrial injury on 10/14/2008. Diagnoses include status post hardware removal; lumbar spine degenerative disc disease; chronic low back pain; breakdown L3-4 with herniated nucleus pulposus annular tear; and history of previous L4-5 fusion. Treatment to date has included medications, physical therapy, acupuncture, trigger point injections, lumbar epidural steroid injection (LESI), chiropractic treatment, psychological and psychiatric treatment and spinal surgery. Electrodiagnostic testing from 2/19/2009 was normal. A CT scan and discogram dated 3/20/2010 showed evidence of grade III annular tear at L3-S1. MRI of the lumbar spine dated 1/21/2009 revealed a 3mm L4-5 disc bulge and foraminal stenosis, a 1mm disc bulge at L3-4 and a 2mm disc bulge at L5-S1. According to the progress notes dated 4/28/15, the IW reported continued low back pain rated 6/10 and increased muscle spasms in the neck. On examination, there were muscle spasms noted in the lumbar spine, pain at L3-4 on the right side and straight leg raise was positive at 90 degrees bilaterally. An MRI report dated 5/9/15 showed evidence of previous anterior and posterior fusion at L4-5 and L5-S1 and at L3-4, a 4 to 5mm posterior disc protrusion/extrusion. A request was made for repeat lumbar MRI due to increasing pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Chapter MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. There is no documentation of significant change in the patient's symptoms and/or conditions suggestive of new pathology. Therefore, the request for Repeat lumbar MRI is not medically necessary.