

<b>Case Number:</b>	CM15-0127821		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old female who sustained an industrial injury on 04-23-2013. Mechanism of injury occurred when getting up from her chair her shoe buckle caught on the cabinet and she twisted and fell. Diagnoses include lumbar-lumbosacral degenerative disc disease, lumbar radiculopathy, myospasm and myofascial trigger points, acute left sacroiliitis, depression, fatigue and stress from pain and depression consistent with Vitamin B12 deficiency, fibromyalgia and right ankle pain. Treatment to date has included diagnostic studies, medications, physical therapy, and lumbar epidural injections. Current medications include Wellbutrin, Xanax, Norco, Tizanidine, Colace and Ambien. There is documentation that a Nerve Conduction Velocity demonstrates chronic bilateral L5 or possible L4 radiculopathy. A physician progress note dated 05-22-2015 documents the injured worker complains of cervical pain radiating to her bilateral shoulders, lower back pain radiating to her left buttock. She has right ankle pain. The pain radiated into her left buttock and left extremity along with tightness of the lumbar spine. On examination she walks with an antalgic gait. There is tenderness to palpation of the lumbosacral paraspinal muscles and spasm. She has myofascial trigger points on the left with twitch response and referral pattern. There is acute pain with palpation over the left sacroiliac joint. Lumbar spine range of motion is restricted and painful. There is positive straight leg raise on the left. She has diminished sensation along the left L4 and L5 dermatomes. The treatment plan includes continuation of her medications, lumbar trigger point injections today with ultrasound guidance, physical therapy, return visit and a new lumbar MRI. Treatment requested is for a Magnetic Resonance Imaging of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury in April 2013 and is being treated for radiating neck and radiating low back pain and right ankle pain. Prior testing has included an MRI of the lumbar spine showing multilevel facet arthropathy and left lateralized foraminal narrowing and electrodiagnostic testing has shown findings of bilateral radiculopathy. When seen, physical examination findings included appearing in moderate distress. There was a mildly antalgic gait. She had lumbar paraspinal muscle tenderness with a trigger point. There was positive left straight leg raising and decreased left lower extremity strength and sensation. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the diagnostic testing already performed already explains the claimant's symptoms and physical examination findings. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. The requested repeat MRI was not medically necessary.