

<b>Case Number:</b>	CM15-0128051		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/23/2015
<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: Texas, 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 33 year old male, who sustained an industrial injury on 6/6/2013. The mechanism of injury was moving boxes. The injured worker was diagnosed as having thoracic sprain/strain, lumbar sprain/strain, lumbosacral disc protrusion and right lower extremity radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/11/2015, the injured worker complains of low back pain and stiffness and bilateral lower extremity tingling. Physical examination showed lumbar paraspinal tenderness and spasm with limited range of motion. The patient has had positive SLR, decreased sensation and reflexes in the right lower extremity, 4/5 strength. The treating physician is requesting lumbar magnetic resonance imaging. The patient had received an unspecified number of the PT, acupuncture and aquatic therapy visits for this injury. The patient has had X-ray of the low back that was normal. The patient has had MRI of the lumbar spine on 4/9/14 that revealed disc protrusions, and degenerative changes. Patient had received ESI for this injury. The patient's surgical history include hand surgery. The patient has had an EMG study of the lower extremity that was normal. The detailed EMG report was not specified in the records specified. The medication list include Ibuprofen. The patient had used a TENS unit for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

**Decision rationale:** MRI Lumbar Spine. Per the ACOEM low back guidelines cited below "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, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI 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)." The patient has had MRI of the lumbar spine on 4/9/14 that revealed disc protrusions, and degenerative changes. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. The patient has had EMG study of the lower extremity that was normal. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The patient had received an unspecified number of the PT, acupuncture and aquatic therapy visits for this injury. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The MRI Lumbar Spine is not medically necessary for this patient.