

<b>Case Number:</b>	CM15-0128462		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/08/1994
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 6/08/1994. The injured worker was diagnosed as having chronic intractable pain, status post intrathecal pump implant, failed back syndrome with increasing lumbar pain and bilateral lumbar radiculopathy, and history of fibromyalgia. Treatment to date has included diagnostics, lumbar spinal surgery in 1999, intrathecal pump implantation, and medications. Currently, the injured worker complains of severe lumbar pain with radiation to both lower extremities, as well as swelling. She was using Opana for pain and using a diuretic with potassium supplementation for swelling. She had fallen multiple times. Recent electromyogram and nerve conduction studies (done in the past 90 days) showed no nerve damage. The treatment plan included updated magnetic resonance imaging of the lumbar spine, noting that it was almost three years since her last magnetic resonance imaging. Flexion and extension views of the lumbar spine were recommended as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back chapter, MRI.

**Decision rationale:** The 62 year old patient complains of severe lumbar pain radiating to bilateral lower extremities along with swelling, as per pump progress report dated 06/02/15. The request is for MRI OF LUMBAR SPINE. The RFA for the case is dated 06/22/15, and the patient's date of injury is 06/08/94. The patient is status post intrathecal pump implantation, as per progress report dated 06/02/15, and has been diagnosed with chronic intractable pain, failed back syndrome with increasing lumbar pain and bilateral lumbar radiculopathy, history of fibromyalgia, and chronic medication management. The patient is temporarily totally disabled, as per progress report dated 05/04/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the patient has had a lumbar MRI in the past but this report is not available for review. As per progress report dated 06/02/15, the previous MRI was almost 3 years ago and the patient has "fallen multiple times." Hence, the treater is requesting for a repeat MRI. Although physical examination revealed positive straight leg raise and decreased sensation along L3-4 distribution bilaterally, EMG/NCV "done in the last 90 days shows no nerve damage," as per the same progress report. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Hence, this request IS NOT medically necessary.