

<b>Case Number:</b>	CM15-0170156		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/13/1992
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Preventive Medicine, Occupational 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:

This is a 57 year old female with a date of injury on 8-13-1992. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral radiculitis, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar post-laminectomy syndrome, lumbosacral facet arthropathy, myofascial pain syndrome, sacroiliac joint syndrome and trochanteric bursitis. Medical records (5-5-2015 to 7-10-2015) indicate ongoing low back pain, left buttock pain and left hip pain. She rated her pain as six to seven out of ten. She rated her pain without Norco as ten out of ten and with Norco as four to five out of ten. She reported flare ups of her back pain every couple of weeks. Per the progress report dated 6-30-2015, her chronic back pain had improved. Per the treating physician (6-30-2015), the employee has not been working since November 1993, but she volunteers at the police department one to two days a week to keep busy. She enjoyed walking and line dancing. It was noted that her last magnetic resonance imaging (MRI) was done in 2000. The physical exam (5-5-2015 to 7-10-2015) reveals limited lumbar range of motion. There were tenderness and trigger points on both sides of the lumbar spine. Treatment has included physical therapy, acupuncture and pain medications (Menthoderm ointment, Tramadol, Hydrocodone-acetaminophen and Ibuprofen currently). The injured worker underwent Left trochanteric bursa injection and trigger point injections. The original Utilization Review (UR) (8-4-2015) non-certified a request for magnetic resonance imaging (MRI) without contrast 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 without contrast for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, a progress report on 2/19/15 stated that the injured worker has had a previous MRI of the lumbar spine although there was no date and no results were available for review. The note stated that the injured workers signs and symptoms were consistent with that MRI. There is no evidence that the injured worker's signs and symptoms are worsening per the documentation. The request for MRI without contrast for the lumbar spine is determined to not be medically necessary.