

<b>Case Number:</b>	CM15-0173505		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

This is a 43 year old male patient who sustained an industrial injury on 9-5-12. He sustained the injury due to lifting. The diagnoses include low back pain, lumbar radiculopathy, disc disorder lumbar and post lumbar laminectomy syndrome. Per the doctor's note dated 8/4/15, he had pain at 4/10 with medications and 7/10 without medications. The physical examination revealed lumbar paravertebral tenderness, decreased lumbar range of motion, positive facet loading test, negative straight leg raising test, decreased light touch sensation over the lateral calf on both sides, localized tenderness at periumbilical region and reducible hernia mass. Per the Progress report dated 6-22-15 he had complaints of low back pain radiating down both legs, neck pain, mid back pain and bilateral hip pain and bilateral leg pain. The medications list includes lyrica, norco and omeprazole. He has undergone lumbar laminectomy on 4/14/2014. He has had lumbar spine MRI dated 10/25/2012 which revealed disc protrusion with central canal and bilateral neural foraminal stenosis at L4-5 and L5-S1 and facet arthrosis at L5-S1; X-rays and EMG and nerve conduction studies in 2013. He has had physical therapy, TENS and lumbar epidural steroid injections for this injury. Plan of care includes: continue current medications, request EMG and nerve conduction studies and MRI of lumbar spine, refer to general surgeon for surgical consult. Work status: temporarily totally disabled.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) 2015 Online Version, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

**Decision rationale:** MRI of the lumbar spine. Per the ACOEM low back guidelines, "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)." The records provided do not specify any progression of neurological deficits for this patient. Per the records provided patient has had lumbar spine MRI dated 10/25/2012 which revealed disc protrusion with central canal and bilateral neural foraminal stenosis at L4-5 and L5-S1 and facet arthrosis at L5-S1; X-rays and EMG and nerve conduction studies in 2013. EMG/NCS report is not specified in the records provided. Per the cited guidelines "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)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to recent conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of MRI of the lumbar spine is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.