

<b>Case Number:</b>	CM15-0173519		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/20/2015
<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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 60-year-old female who sustained an industrial injury on 5/31/13, relative to a motor vehicle accident. The 10/3/13 lumbar spine MRI impression documented a generous central canal. At L3/4, there was a small bulge and at L4/5 and L5/S1 there were very small protrusions. At all three levels, there were annular fissures. There was no evidence for nerve root impingement and no stenosis. Conservative treatment included physical therapy, acupuncture, and medications. The 8/12/15 treating physician report cited 8/10 low back and right lower extremity pain. She underwent a right sacroiliac joint injection on 7/29/15 with excellent pain relief for 8-9 days, followed by return to baseline pain. She had physical therapy and acupuncture, which had not provided sustained relief. She had a right L4/5 transforaminal epidural steroid injection on 5/14/14 with good relief but an adverse response to Depomedrol. She had significant reduction in pain after recent medial branch blocks. Physical exam documented restricted lumbar range of motion, right sided paravertebral muscle tenderness with spasms, right sided sacroiliac joint tenderness, and normal heel and toe walk. Lower extremity deep tendon reflexes were symmetrical. Sacroiliac joint provocative testing was positive. There was 4/5 right extensor hallucis longus weakness (unchanged since at least 2/17/15). The diagnosis included thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy and lumbago. The treatment plan recommended right L5-S3 radiofrequency ablation for continued right sacroiliac joint pain. She had on-going pain and needed an MRI of the lumbar spine to check to see if there was progressive worsening of the spine condition, her last MRI was in 2013. A spine surgery second opinion was requested. She had no changes in her

physical exam or worsening neurologic findings but she had been displaying delaying strengthening in a strengthening program. Authorization was requested for lumbar spine MRI. The 8/20/15 utilization review certified the request for L5-S3 radiofrequency ablation and non-certified the request for lumbar spine MRI as there was no clinical documentation of the emergence of red flags since the prior MRI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: MRI lumbar spine Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition 2004, MRI or CT page 303, Official Disability Guidelines, Low Back.

**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: MRIs (magnetic resonance imaging).

**Decision rationale:** The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. 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. Indiscriminant imaging carries the risk of diagnostic confusion. The Official Disability Guidelines state the repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, or recurrent disc herniation). Guideline criteria have not been met. This injured worker presents with on-going low back and right lower extremity pain. Pain was reported as worsening with current exam findings significant for SI joint dysfunction and sacroiliac radiofrequency ablation certified. There is no evidence of significant change in symptoms and/or worsening neurologic findings to support the medical necessity of repeat lumbar spine MRI. Therefore, this request is not medically necessary at this time.