

<b>Case Number:</b>	CM15-0173583		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 63 year old male, who sustained an industrial injury on August 26, 1998. On March 9, 2015, the injured worker continued to have on - off mild to moderate stabbing neck pain with on-off pain radiating down into the hands. He had associated numbness, tingling and weakness. The injured worker reported constant severe sharp, stabbing, throbbing, aching and burning low back pain with radiation of pain into the left thigh. He had associated numbness, tingling and weakness. He reported having increased back pain and left scapular pain secondary to the body position he assumed during sleep. On June 2, 2015, he continued to report low back pain which increased with activities. The pain migrated into the mid back. He reported bilateral foot pain which increased with prolonged standing and walking and he noted that the pain was burning and hard at times. On physical examination, the injured worker exhibited a positive bilateral straight leg raise and positive bilateral Kemp's test. His lumbar spine range of motion was limited and he had pain on the end of the range. The injured worker was diagnosed as recurrent disc herniations of L3-S1 with advanced discogenic changes, modic changes and endplate deterioration; marked facet arthropathy at L3-S1; and status post left L3-S1 laminoforaminotomies and microdiscectomies performed May 13, 2013. Treatment to date has included lumbar laminectomy, MRI of the lumbar spine on June 10, 2014, opioid medications, and anti-depressant medications. An MRI of the lumbar spine on June 10, 2014 revealed post-surgical changes of prior posterior hemi-laminectomy at L3-4 through L5-S1, moderate left and mild right L5-S1 facet joint arthropathy, and multi-level disc protrusions. A request for authorization for MRI of the lumbar spine without contrast was received on August 11, 2015.

The Utilization Review physician determined on August 19, 2015 that repeat MRI of the lumbar spine without contrast is not medically necessary.

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

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

#### **MRI (magnetic Resonance Imaging) without contrast material of the lumbar spine:**

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition, 2015, Low Back Chapter, MRI Magnetic Resonance Imaging.

**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 and Thoracic Chapter, under MRI's.

**Decision rationale:** Based on the 6/2/15 progress report provided by the treating physician, this patient presents with weakness, lack of motion, spasm, and pain in the neck, pain in bilateral shoulders, low back pain that increases with activity and migrates to the mid-back, and bilateral foot pain which is burning. The treater has asked for MRI (magnetic Resonance Imaging) without contrast material of the lumbar spine but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/11/15 are s/p lumbar decompression, herniated disc, radiculopathy. The patient remains symptomatic after a laminectomy at L3-4, L4-5 and L5-S1 from 5/13/12. The patient is s/p lumbar decompression L3 through S1 from 5/13/13 per 6/2/15 report. However, the 6/2/15 report states the patient is pending approval for yet another unspecified low back surgery, which the 3/4/15 QME states is a L3-S1 posterior spinal fusion. A prior lumbar MRI from 6/10/14 showed a 2mm disc protrusion at L5-S1, with associated facet hypertrophy and foraminal stenosis, a 2mm disc protrusion at L4-5 with associated facet hypertrophy and foraminal stenosis impinging on traversing L5 nerve roots bilaterally, and a 2mm disc protrusion at L3-4 with associated facet hypertrophy and foraminal stenosis per 3/4/15 report. The patient's work status is temporarily totally disabled per 6/2/15 report. ODG, Low Back Lumbar and Thoracic Chapter, under MRI's: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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). Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI of the lumbar spine on 6/10/14. QME report dated 3/4/15 states that upon seeing the significant progression at L3 through S1 levels, a neurosurgeon is recommending a L3-S1 posterior spinal fusion and decompression. In this case, the patient is pending authorization for an upcoming lumbar surgery, and the request is appropriate. The request is medically necessary.