

<b>Case Number:</b>	CM15-0178595		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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:

The injured worker is a 29 year old male, who sustained an industrial injury on 12-12-2013. The injured worker is being treated for herniated disc L4-5 with left L5 radiculopathy. Treatment to date has included diagnostics, medications, physical therapy and TENS. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-26-2015 showed L4-L5 4-5mm central and left paracentral posterior disc protrusion-extrusion and L5-S1 3-4mm posterior disc bulge with superimposed 4mm left paracentral posterior disc protrusion-extrusion. Per the Initial Orthopedic Progress Report dated 7-24-2015, the injured worker presented reported frequent aching in the low back that does radiate to the left leg. The back pain is less than the leg pain. He rates his pain as 7-8 out of 10 with associated numbness, tingling and weakness in the affected leg. Objective findings included no tenderness to palpation of the lumbar paraspinals and no increased pain upon percussion of the spine. The patient had a normal ROM, positive SLR. MRI of the lumbar spine dated 7-05-2014 was read as "mild degenerative changes L5-S1 with slight asymmetry of annular bulging on the left but without significant S1 nerve impingement. The predominant pathology: there is a large disc extrusion on the left at L4-5 with severe compression of the left L5 nerve root." "He had another MRI study done in March but the CD that he brought was a blank CD." Work status was temporarily totally disabled. The plan of care included MRI to evaluate for herniated disc and authorization was requested on 7-27-2015 for MRI of the lumbar spine without contrast. On 8-10-2015, Utilization Review non-certified the request for MRI without contrast of the lumbar spine citing lack of medical necessity. There was a MRI of the lumbar spine performed on 3-26-2015. The patient has had a CT of the lumbar spine on 5/14/14 that revealed disc protrusion and stenosis; X-ray of lumbar spine on 7/24/15 that revealed degenerative changes. The patient sustained the injury when he was carrying some material on his shoulder and stepped wrong. The medication list included Norco and Flexeril. The patient had received an unspecified number of PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Without Contrast of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Online Version), MRIs.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 09/22/15).

**Decision rationale:** Request: MRIs (magnetic resonance imaging). Per the ACOEM low back guidelines cited below "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, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "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, neuro-compression, recurrent disc herniation)." Magnetic resonance imaging (MRI) of the lumbar spine dated 3-26-2015 showed L4-L5 4-5mm central and left paracentral posterior disc protrusion-extrusion and L5-S1 3-4mm posterior disc bulge with superimposed 4mm left paracentral posterior disc protrusion-extrusion. Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of a repeat MRI Without Contrast of the Lumbar Spine is not fully established for this patient.