

<b>Case Number:</b>	CM15-0046600		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 55 year old female, who sustained a work/ industrial injury on 11/20/13. She has reported initial symptoms of low back pain with radiation to the lower extremities. The injured worker was diagnosed as having lumbago. Treatments to date included L4-5 posterior interbody fusion on 9/16/14. Currently, the injured worker complains of constant sharp pain in the low back with radiation into the lower extremities rated as 8/10. The treating physician's report (PR-2) from 1/28/15 indicated there was paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion was guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral leg and foot, and L5 dermatome pattern, 4/5 strength. Medications included Percocet and Lopressor. Treatment plan included MRI of the lumbar spine. The patient sustained the injury when she was lifting and carrying boxes of 40 lbs and fell with boxes in her hands. Patient has received 12 PT visits and an unspecified number of chiropractic visits in past for this injury. The patient has had MRI of the low back in 1/2014 and on 8/15/2014 that revealed disc degeneration and foraminal narrowing. Any diagnostic imaging report was not specified in the records provided. The patient's surgical history include right knee arthroscopy in 2004 and lumbar fusion on 9/16/2014. Any operative note was not specified in the records provided. She had attended a course of post op PT visits. Physical examination of the lumbar spine revealed on 12/10/14 revealed negative SLR and normal sensory and motor examination, no tenderness on palpation or muscle spasm. The medication list include Prednisolone, Cyclobenzaprine, Lopressor, Percocet and Meloxicam. The patient has had EMG on 1/5/15 that revealed chronic L5 nerve root irritation on left side. The patient has had flexion

and extension X-ray of the low back that revealed post surgical changes on 10/20/14. The patient has used a walker and lumbar orthosis.

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

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

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 04/15/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI lumbar spine. 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the low back in 1/2014 and on 8/15/2014 that revealed disc degeneration and foraminal narrowing. She has reported initial symptoms of low back pain with radiation to the lower extremities. Treatments to date included L4-5 posterior interbody fusion on 9/16/14. Currently, the injured worker complains of constant sharp pain in the low back with radiation into the lower extremities rated as 8/10. The treating physician's report (PR-2) from 1/28/15 indicated there was paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion was guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral leg and foot, and L5 dermatome pattern, 4/5 strength. She had attended a course of post op PT visits. The patient has had EMG on 1/5/15 that revealed chronic L5 nerve root irritation on left side. The patient has had flexion and extension X-ray of the low back that revealed post surgical changes on 10/20/14. The patient has used a walker and lumbar orthosis. There was no evidence of radiculopathy on the exam done on 12/10/14. The pt developed signs and symptoms of radiculopathy later as per exam dated 1/28/15. The EMG on 1/5/15 also showed radiculopathy. This represents a significant change in symptoms since the previous MRI. She has been treated already with medications and physical therapy. The MRI lumbar spine is deemed medically appropriate and necessary for this patient.

