

<b>Case Number:</b>	CM15-0065241		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 42 year old male, who sustained an industrial injury on 8/3/11. He reported initial complaints of lower back strain. The injured worker was diagnosed as having headaches. Treatment to date has included limited physical therapy to 2 sessions; chiropractic therapy; Lumbar epidural steroid injection (3/29/12); MRI cervical and lumbar spine (6/4/12); EMG/NCV bilateral lower extremity (9/24/13); MRI brain (6/4/12 and 9/25/14); Psychological Consultation 9/16/14; Psychological and Behavioral Evaluation (11/25/14; medications. Currently, the PR-2 notes dated 1/7/15 indicates the injured worker notes no change in his chronic lower back pain and radiating leg pain of 10/10. He is requesting spinal surgery. The injured worker has a lumbar epidural steroid injection 3/29/12 and claims he experienced weakness in his legs at that time and began using a wheelchair. The notes demonstrate the injured worker is able to walk in his house but uses a wheelchair for longer distances. He has requested an electronic wheelchair lift for his wife's car as she is developing arm problems lifting the wheelchair. He confirms he has not been seen by a neurologist, psychologist or spine surgeon, but records of psychological evaluation and behavioral evaluation are included in the submitted records. The provider notes a "high velocity left arm tremor." The injured worker will not voluntarily move his legs, but he is able to lift his arm above his shoulder level and shake the providers hand with significant strength. The impression documented on this date was an L5-S1 disc bulge with bilateral S1 radicular pain; severe reactive depression with psychotic features and somatoform disorder; bilateral foci in the periventricular/subcortical white matter; posttraumatic stress disorder. The provider is requesting a MRI of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI- of Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient was injured on 08/13/2011 and presents with lower back pain and numbness in his bilateral lower extremities. The request is for an MRI OF THE LUMBAR SPINE. There is no RFA provided, and the patient is not able to continue working. The patient had a prior MRI of the lumbar spine on 06/04/2012, which revealed a small protrusion at L5-S1 with annular fissure. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." In this case, the patient has had a prior MRI of the lumbar spine on 06/04/2012. The patient has lumbar spine weakness, lower extremity weakness, difficulty with chronic pain in the lower back and upper back, headaches, depression, and insomnia. He is diagnosed with L5-S1 disk bulge with bilateral S1 radiculopathy, severe reactive depression with psychotic features and somatoform disorder, bilateral foci in the periventricular and subcortical white matter of the brain, and posttraumatic stress disorder. The reason for the request is not provided. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms or new locations of symptoms that would require additional investigation. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.