

<b>Case Number:</b>	CM15-0071929		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 35 year old male, who sustained an industrial injury on 3/27/13. The injured worker has complaints of lower back pain and left lower extremity pain. The diagnoses have included spondylosis. Treatment to date has included chiropractic treatments; lumbar magnetic resonance imaging (MRI); transcutaneous electrical nerve stimulation unit; physical therapy; tramadol; ibuprofen and gabapentin. The request was for magnetic resonance imaging (MRI) of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, 2015 web based edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 5/10. The request is for MRI of lumbar spine without contrast. The request for authorization is dated 03/11/15. Physical examination of the lumbar spine reveals tenderness to palpation in the lumbar paraspinal muscle. Range of motion is decreased with pain. Lumbar facet stress test is positive. Straight leg raise and Faber test is negative. Sensation is intact in all dermatomes of the lower extremities. He complains of burning, tingling and numbness, particularly in the left leg. Pain is constant, brought on with bending, lifting, pushing and pulling, and better with his medications and rest. He is doing home exercises. He reports that he had used a TENS unit in physical therapy with good benefit. He is describing insomnia and now has a new onset of hypertension. The patient's medications include Ibuprofen, Gabapentin and Tramadol. Per progress report dated 03/11/15, the patient is working full-duty. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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, recurrent disc herniation)". Per progress report dated 03/11/15, treater's reason for the request is "He had the lumbar MRI done back in 2013 and I do not have the full report but we would like to request for an upgraded lumbar MRI." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request is not medically necessary.