

<b>Case Number:</b>	CM15-0095263		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/25/2001
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Pain Management

### 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 56 year old male who sustained an industrial injury on 03/25/2001. Mechanism of injury was from doing general lifting at a warehouse when he started noting back pain shooting down the left leg. Diagnoses include post-laminectomy syndrome-lumbar, degeneration of lumbar disk, and lumbar radiculitis. Treatment to date has included diagnostic studies, medications, three epidural steroid injections, and two back surgeries. Medications include Gabapentin, Tramadol and Hydrocodone/APAP. A physician progress note dated 04/17/2015 documents the injured worker complains of low back pain with radiation to the left lower extremity. Gabapentin decreases his leg pain by some 30%. Tramadol and Hydrocodone help with his back pain. Because of these medications he is able to continue working productively. He has low back pain which is stabbing and rated 2 out of 10 with his medications and 8 out of 10 without his medications. Lumbar range of motion is restricted and is accompanied by back pain. There is decreased sensation over the lateral left foot and calf. His mood and affect are appropriate. The treatment plan is to continue Tramadol for his back pain, and Gabapentin will be continued at current dose to address his neuropathic pain. Hydrocodone/APAP will be titrated down to one every 4-6 hours as needed for pain. We will determine if this decreases the injured worker's functional capacity and ability to work productively. We will continue with appropriate toxicological testing and follow up in one month for pharmacological re-evaluation. A lumbar Magnetic Resonance Imaging will be requested due to the pinching sensation of a nerve in the left lower extremity. Treatment

requested is for blood urea nitrogen and creatine labs for contrast in Magnetic Resonance Imaging, MRI of lumbar spine with contrast, and 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 with contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM do not address repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is a longstanding injury with a history of multiple imaging studies and surgeries. The patient's current complaints are noted to have been occurring for several years and there is no evidence of any recent changes suggestive of new or progressive pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

**MRI of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, CA MTUS and ACOEM do not address repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is a longstanding injury with a history of multiple imaging studies and surgeries. The patient's current complaints are noted to have been occurring for several years and there is no evidence of any recent changes suggestive of new or progressive pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

**Blood Urea Nitrogen and creatine labs for contrast in MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for Blood Urea Nitrogen and creatinine labs for contrast in MRI, it is noted that the concurrently requested MRI with contrast is not medically necessary. Therefore, there is no indication for lab work prior to the MRI. In light of the above issues, the currently requested Blood Urea Nitrogen and creatinine labs for contrast in MRI are not medically necessary.