

<b>Case Number:</b>	CM15-0097711		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 47 year old male, who sustained an industrial injury on February 27, 2006. He reported sitting on a forklift, the forklift took off by itself and ran him into a rock, pushing his body backwards straining his back, leg, and chest. The injured worker was diagnosed as having lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus (HNP) at L4-L5 and L5-S1 with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, coronary artery disease status post coronary stents on Coumadin, uncontrolled severe hypertension, three-level positive provocative discography, status post coronary bypass graft x3 vessels November 20, 2012, medication induced gastritis, right lateral epicondylitis industrially relayed, and hypertension-industrial related. Treatment to date has included discogram, aqua therapy, MRIs, physical therapy, intrathecal Morphine, cognitive psychotherapy, epidural steroid injection (ESI), spinal cord stimulation, and medications. Currently, the injured worker complains of ongoing debilitating pain in the lower back, radiating down both lower extremities, right greater than left. The Primary Treating Physician's report dated April 1, 2015, noted the injured worker had been requiring escalating doses of his oral analgesic medications, with his current medications enabling him to be as functional as possible, improving his quality of life. The injured worker was noted to have been a surgical candidate, but it was felt his poorly controlled hypertension and having undergone coronary bypass graph time's three vessels in 2012, made him too unstable to undergo surgery. The injured worker's current medications were listed as Roxicodone, Norco, Neurontin, Prozac, Prilosec, Soma, Lidoderm patch, Lisinopril, Clonidine, Minoxidil, Lasix,

Carvedilol, Amlodipine, Simvastatin, Coumadin, Xanax, and OxyContin. Physical examination was noted to show the injured worker with an antalgic gait favoring the left lower extremity, and a blood pressure of 170/100. Lumbar spine examination was noted to show tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles, and decreased range of motion (ROM) with obvious muscle guarding. The sensory evaluation was noted to be decreased along the posterolateral thigh and posterolateral calf in the left L5-S1 distribution in comparison to the right lower extremity with straight leg raise in the modified sitting position positive at 60 degrees with radicular symptoms to both lower extremities. The injured worker was noted to receive four trigger point injections for the myofascial pain in the posterior lumbar musculature. The treatment plan was noted to include proceeding with scheduling the intrathecal Morphine pump placement, and requests for authorization for psychological clearance, the administered four trigger point injections, medication refills, evaluation by an orthopedic spine surgeon, and a lumbar MRI.

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

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

#### **MRI of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back -Lumbar & thoracic (Acute & Chronic) Chapter MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** ACOEM recommends MRI for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." Official Disability Guidelines states, "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). Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis." The available medical record notes significant increases in analgesic use which may be an indicator of tolerance as opposed to an increase in symptomology, further, this IW's health has prevented his consideration for surgery on his lumbar spine and there is no indication that this circumstance will change. As stated above "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." These criteria are not met in this case (no documentation of severe progression and no plan for surgical intervention). As such, the request for repeat MRI of lumbar spine is deemed not medical necessary.

