

<b>Case Number:</b>	CM15-0098049		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

This 40-year-old female sustained an industrial injury to the low back and left shoulder on 4/17/01. Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (9/30/05) showed central and left paracentral disc bulge at L4-5 with moderate spinal stenosis with encroachment upon the L5 nerve roots with intact disc. Electromyography/nerve conduction velocity test (2/14/06) of bilateral lower extremities was normal. In a PR-2 dated 4/22/15, patient had complaints of low back pain with radiation in bilateral LE at 8-10/10 with muscle weakness. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, decreased range of motion and decreased lower extremity sensation. The patient has had positive SLR and decreased strength. The injured worker walked with an antalgic gait. Current diagnoses included lumbar spine discopathy, status post lumbar fusion and left shoulder rotator cuff syndrome. The treatment plan included requesting authorization for lumbar spine magnetic resonance imaging, left shoulder magnetic resonance imaging, chiropractic therapy, left wrist support and lumbar spine support. The medication list includes Pantoprazole, Duloxetine, and Norco, lidocaine, Tizanidine, gabapentin and MS Contin. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient had received lumbar ESI on 4/14/15 and ganglion block on 1/7/14. Any operative note was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the 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 05/15/15)MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI of 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)." Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (9/30/05) showed central and left paracentral disc bulge at L4-5 with moderate spinal stenosis with encroachment upon the L5 nerve roots with intact disc. In a PR-2 dated 4/22/15, patient had complaints of low back pain with radiation in bilateral LE at 8-10/10 with muscle weakness. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, decreased range of motion and decreased lower extremity sensation. The patient has had positive SLR and decreased strength. The injured worker walked with an antalgic gait. Current diagnoses included lumbar spine discopathy, status post lumbar fusion. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient had received lumbar ESI on 4/14/15 and ganglion block on 1/7/14. Patient has been treated already with medications and physical therapy. The MRI without contrast of the lumbar spine is deemed medically appropriate and necessary for this patient to further evaluate the patient's neurological symptoms and signs.