

<b>Case Number:</b>	CM15-0098571		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/16/2015
<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: 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 (IW) is a 27-year-old male who sustained an industrial injury to the low back on 05/02/2012. Diagnoses include displacement of intervertebral disc, site unspecified, without myelopathy. Treatment to date has included medications and L4-L5 laminectomy. The MRI of the lumbar spine on 1/31/14 showed the previous discectomy at L4-5 with mild intradiscal granulation tissue and subjacent marrow changes with minimal scar tissue surrounding the L5 nerve root on the left; also indicated multilevel degenerative disc disease throughout the lumbar spine with disc desiccation and disc height loss, mild to moderate in degree. According to the progress notes dated 5/5/15, the IW reported a recent increase in low back symptoms with associated left lower extremity symptoms for three weeks. On examination, the lumbar spine was tender to palpation and muscle spasms were present. Range of motion was decreased and sensation in the left lower extremity was diminished. A request was made for an MRI of the lumbar spine with contrast to rule out recurrent herniated nucleus pulposus at L4-5.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015, Low Back Repeat.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Lower back, Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

**Decision rationale:** The 27 year old patient complains of increasing lumbar spine pain radiating to left lower extremity, as per progress report dated 05/05/15. The request is for MRI of the lumbar spine with contrast. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/02/12. The patient has been diagnosed with displacement of lumbar intervertebral discs, as per progress report dated 05/05/15. The patient is status post left L4-5 hemilaminectomy and discectomy on 04/22/13 and has been allowed to return to work with restrictions but is not working, as per report dated 03/31/14. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back, Lumbar & Thoracic (Acute & Chronic) and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient did undergo an MRI in the past. Lumbar MRI report, dated 01/31/14, revealed previous discectomy at L4-5, with mild intradiscal granulation tissue and subjacent marrow changes. There was minimal scar tissue surrounding the traversing L5 nerve root on the left. The treater is requesting for a repeat MRI to "R/O recurrent HNP L4-5." Although physical examination of the lumbar spine, as per progress report dated 05/05/15, revealed tenderness, spasm, decreased range of motion, and diminished sensation in left lower extremity, the treater does not provided specific documentation of any new neurologic decline, new injury, new symptoms, or any red flags to warrant an updated MRI. The request is not medically necessary.