

<b>Case Number:</b>	CM17-0008577		
<b>Date Assigned:</b>	01/17/2017	<b>Date of Injury:</b>	10/13/2016
<b>Decision Date:</b>	02/14/2017	<b>UR Denial Date:</b>	01/12/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2017

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 injured worker is a 37 year old female who reported an industrial injury on 10-13-2016. Diagnoses, and-or impressions, were noted to include: low back injury; lumbosacral pain with fat-sat trauma; sacroiliac joint sprain. Treatments were noted to include: diagnostics; lumbar CT (3-21-13); physical therapy (PT); home exercise program (HEP); acupuncture treatments; medication management with urine drug screenings (UDS); and modified work duties until the return to regular work duties on 1-17-2017. The progress report, and request for authorization, of 1-4-2017 reported: numbness in the left anterior thigh that occasionally radiated to the left medial knee, and the inability to sit-stand too long; that she had been working modified work duties; pain rated 8 out of 10, denying an acupuncture treatment that day due to severe pain lying prone; that she started PT with 4 sessions remaining, with pain ranging from 6-8 out of 10, worsened by bending, and with the ability to walk x 20 minutes. The objective findings were noted to include: no acute distress; a very slow gait with painful heel and toe walking; severely limited low back range-of-motion and lumbosacral spine flexion-rotation; the review of current medications and imaging studies. Treatment requests were noted to include: open MRI, because of her fear of closed spaces, of the lumbar spine to evaluate for left lumbar radiculitis. The Request for Authorization dated 1-9-2017, was noted for 1 open MRI, and transfer of care to a specific doctor, for low back injury. The Utilization Review of 1-12-2017 non-certified the request for an open MRI of the lumbosacral spine.

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

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

### **Open MRI of the lumbosacral spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Summary.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and numbness in the front of the left thigh that went into the inner knee. These records did not suggest any "red flag" findings, and the physical examinations documented recent to the request did not detail findings consistent with an issue involving a specific spinal nerve in the region of concern. There was no discussion describing the worker as a candidate for surgery or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an open MRI of the lumbosacral spine region is not medically necessary.