

<b>Case Number:</b>	CM13-0027965		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 58 year-old female with an 11/9/11 industrial injury. She apparently had right knee TKA on 7/16/13, left hip labral tear repair on 5/16/13, and right shoulder surgery on 6/29/12 and right knee surgery on 3/20/12. She has been diagnosed with lumbar disc syndrome; spondylolisthesis L5/S1; and cervical discogenic pain syndrome. The 8/23/13 chiropractic report from [REDACTED], reviews the cervical and lumbar MRI from 8/14/13, stating there is 7.1mm spondylolisthesis at L5/S1 and spinal canal stenosis and neuroforaminal stenosis at L5/S1. The IMR application shows a dispute with the 9/6/13 UR denial for a lumbar MRI. The 9/6/13 UR decision is by [REDACTED], and states they received a request for the MRI on 8/29/13 and cannot approve it due to insufficient information. Unfortunately, the [REDACTED] letter did not specify what information was necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

**Decision rationale:** The 9/6/13 UR letter did not provide a clear description of what they are denying. It is not clear if they were attempting to retrospectively deny the lumbar MRI performed on 8/16/13, or if they received another request for another lumbar MRI. The 8/5/13 report from [REDACTED] does not include a physical exam and therefore no clinical findings of radiculopathy. Despite this, there was an MRI performed on 8/16/13 that did show spondylolisthesis and some foraminal narrowing. There was no discussion of prior imaging studies. MTUS/ACOEM states "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." The 8/16/13 MRI was not performed in accordance with MTUS/ACOEM guidelines, but on hindsight should be approved. The chiropractor that ordered the MRI without performing a physical exam, did refer the patient to the neurosurgeon [REDACTED] on 9/5/13 and performed an examination, and found decreased sensation over the left L4,5 and S1 dermatomal distributions, there was decreased strength in the EHL. An MRI would have been necessary based on [REDACTED]' physical examination, but If there was another request for an MRI, it would not be necessary as the MRI was already done on 8/16/13. If the request presented to me, is retrospectively for the 8/16/13 MRI, it should be approved, on the other hand, If the request is for a duplicate MRI, it should be denied. I am not able to modify or offer partial certification of this IMR, so the unclear request cannot be considered to be in accordance with MTUS/ACOEM guidelines. Recommendation is for denial.