

<b>Case Number:</b>	CM13-0043206		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/13/2000
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 female patient with the date of injury of December 13, 2000. A utilization review determination dated October 15, 2013 recommends non-certification of MRI with flexion/extension views. The previous reviewing physician recommended non-certification of MRI with flexion/extension views due findings that make the assessment of a radiculopathy somewhat equivocal, no indication for the patient's current episode that there has been a recent course of physical therapy that might perhaps have given symptomatic relief, and no indication on examination that there is instability to support flexion/extension views. A Follow-up dated September 16, 2013 identifies Complaints of pain in leg that is intermittent, low back pain, and neck pain. Pain goes into both legs and arms with numbness and tingling. Treatments identify brace, acupuncture, water aerobics program, and a stretching and exercise program. Physical Exam identifies able to forward flex to about eight inches from the floor. She has about 5 degrees of extension. +++ muscle tightness and spasms especially around L4. Decreased sensation bilaterally but right shows less sensation than left L5-S1 distribution. She also has decreased sensation in an ellipsoid area along the right thigh. Assessment identifies status post laminectomy syndrome x2 with complications of pseudoarthrosis requiring second posterior surgery and incisional hernia, L3 radiculopathy versus meralgia paresthetica right lower extremity, possible mild CRPS syndrome versus nerve damage, neurogenic bowel and bladder related to loss of sensation, possible CTS, and possible DDD cervical. Plan identifies PT refresher of back exercises and continue meds and TNS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with flexion/extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 (ODG), Low Back Chapter, Standing MRI.

**Decision rationale:** Regarding the request for MRI with flexion/extension views, ACOEM Guidelines state that 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 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. ODG states while standing MRIs may be an equal alternative to other MRIs, any additional views that may be obtained using a standing facility are not necessary, i.e. flexion/extension, lateral flexion, etc., but standard neutral position standing MRIs may be acceptable as an alternative assuming the patient meets criteria for needing an MRI. Given that guidelines do not support additional views such as flexion/extension, the currently requested MRI with flexion/extension views is not medically necessary.