

<b>Case Number:</b>	CM13-0044353		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 and is licensed to practice in Texas. 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:

The patient is a 48-year-old male who reported an injury on 08/07/2000. The mechanism of injury was noted to be lifting. His diagnoses include lumbar degenerative disc disease, lumbar radiculopathy to the bilateral lower extremities, urinary incontinence, anxiety, and depression. The clinical information provided indicates that the patient has been trying to avoid surgery and has been pursuing a nonsurgical approach to control his pain. He participated in an outpatient functional restoration program; however, he made minimal functional gains and continued to complain of increasing weakness in both of his legs and increasing pain in his lower back. His objective findings include absent Achilles reflexes bilaterally, a positive right straight leg raise, and positive left straight leg raise, and they were unable to assess his motor strength in his bilateral lower extremities due to pain in the patient's back whenever he moves his legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX: [www.odg-twc.com](http://www.odg-twc.com); Section; Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 10/9/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** According to ACOEM Guidelines, unequivocal objective findings that identify specific neurological deficits are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. More specifically, the ODG states that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. As the patient was noted to have significantly worsening symptoms, including probable weakness to bilateral lower extremities, and absent reflexes, indicating neurological dysfunction to the bilateral lower extremities, the request for a repeat MRI is supported by guidelines. Additionally, the patient is amenable to surgery as his conservative treatments have failed to provide relief of his symptoms. For these reasons, the request is certified.