

<b>Case Number:</b>	CM13-0045401		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery 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:

The injured worker is 55 year old female with reported injury occurring January 08, 2010. The documentation notes a status post L5-S1 discectomy performed in January 2012. Subsequent treatment has included physical therapy, medications, and epidural steroid injections. The injured is documented on multiple physical exams as having lower extremity radiculopathy and neurologic abnormalities. The evaluation dated October 29, 2013 the claimant is documented as not being interested in operative intervention. The clinician expresses a concern on the November 2013 note of possible re-herniation of the disc at L5-S1. The utilization review denied the requested imaging study on the grounds that the claimant was unwilling to consider operative intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITH CONTRAST LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** The Official Disability Guidelines (ODG) specifically notes that an MRI with and without contrast is the best option for individuals with prior back surgery. The Medical Treatment Utilization Schedule (MTUS) notes that the only requirement for proceeding with an MRI is identification of a specific nerve root compromise. The clinician documents that compromise on examination. From a clinical standpoint, the additional imaging study could be beneficial in identifying a subsequent nerve root lesion following the previous operative intervention. Regardless if the claimant wants to pursue operative intervention, there is indication for proceeding with this imaging study for improving further conservative care including epidural steroid injections. As such, the request is considered medically necessary.