

<b>Case Number:</b>	CM13-0048742		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Preventive medicine 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:

According to the records made available for review, this is a 52-year-old female with a 5/6/08 date of injury. At the time (10/2/13) of request for authorization for MRI of the lumbar spine w/o contrast, there is documentation of subjective (low back pain radiating into the left leg with numbness) and objective (decreased lumbar range of motion, 4/5 strength in the left lower extremity, and decreased sensation over the left lateral thigh, calf and dorsum of the foot) findings, imaging findings (x-rays of the lumbar spine (9/30/13) report revealed degenerative changes at L5-S1), current diagnoses (lumbar pain and lumbosacral neuritis or radiculitis), and treatment to date (medication, physical therapy, chiropractic care, and acupuncture). In addition, 10/2/13 medical report plan identifies the patient is a candidate for disk replacement at L3-4 and L4-5 and fusion at L5-S1, and needs an updated lumbar MRI to further delineate the surgical plan. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE W/O CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic).

**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) MINNESOTA RULES, 5221.6100 PARAMETERS FOR MEDICAL IMAGING.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar pain and lumbosacral neuritis or radiculitis. However, despite documentation of subjective (low back pain radiating into the left leg with numbness) and objective (decreased lumbar range of motion, 4/5 strength in the left lower extremity, and decreased sensation over the left lateral thigh, calf and dorsum of the foot) findings, and a plan identifying the patient is a candidate for disk replacement at L3-4 and L4-5 and fusion at L5-S1, and needs an updated lumbar MRI to further delineate the surgical plan, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, there is no documentation of the previous lumbar MRI report. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine with contrast is not medically necessary.