

<b>Case Number:</b>	CM13-0051436		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; and consultation with a spine surgeon, who has endorsed a three-level spinal fusion surgery. In a Utilization Review Report of November 6, 2013, the claims administrator denied a request for lumbar MRI imaging, citing non-MTUS ODG Guidelines, although the MTUS does address the topic. The applicant's attorney subsequently appealed. A September 4, 2013 neurosurgery note is notable for comments that the applicant is off of work. She has severe low back and leg pain. She is only able to walk a block. She has difficulty transferring to and from the chair and table. She is placed off of work, on total temporary disability. On February 7, 2013, the applicant's neurosurgeon recommended a multistage lumbar fusion surgery. On October 24, 2013, the applicant was described as slowly and steadily worsening. The applicant is using a walker and has a severe limp with 4-/5 right lower extremity strength noted. The applicant is apparently also falling. Her gait derangement has worsened. An updated MRI is endorsed while the applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT MRI OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST:**

Overtuned

**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): 309.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery. In this case, the applicant has in fact had prior spine surgery. The applicant, furthermore, is apparently deteriorating. The applicant is now falling, has progressively worsening lower extremity weakness, is limping significantly, and is using a walker to move about. The applicant's neurosurgeon and spine surgeon suggested that she may be a candidate for revision fusion surgery. Repeat MRI imaging to clearly delineate the extent of the applicant's lumbar spine issues is indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.