

<b>Case Number:</b>	CM13-0051697		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/01/2013
<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 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 patient with a date of injury of September 5, 2012. The patient has low back pain and right L5 S1 radiculopathy. An MRI of his low back showed a disc protrusion and the patient underwent 2 months of physical therapy, which were unhelpful. A progress report dated July 15, 2013 indicates that the patient underwent an L5-S1 laminectomy discectomy. A progress report dated October 7, 2013 includes subjective complaints identifying severe right lower extremity pain. An MRI of his lumbar spine from October 9, 2013 indicates posterior disc protrusion noted at L4-L5. There is a right laminectomy at L5-S1. There is scar tissue all around the right-sided L5-S1 but no evidence of recurrent residual disk. Again, there is a small central disc protrusion at L4-L5. An MRI dated November 15, 2012 identifies an 11mm disc extrusion at L5-S1 contacting the right S1 nerve. A progress report dated November 20, 2013 indicates subjective complaints of low back pain and right lower extremity pain. A progress report dated December 3, 2013 identifies subjective complaints of low back pain rated as 7-8/10. The back pain causes right lower extremity pain. Physical examination identifies antalgic gait with limited lumbar range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) SINGLE POSITIONAL MRI OF THE LUMBAR WITH AND WITHOUT GADOLINIUM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, MRIs (magnetic resonance imaging) and Official Disability Guidelines: Minnesota.

**Decision rationale:** The Official Disability Guidelines of Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except to diagnose a suspected fracture or suspected dislocation; to monetary 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; to follow up a surgical procedure; to diagnose a change in the patient's condition marked by new or altered physical findings; to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study; or when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient underwent surgery on July 15, 2013. His symptoms improved initially and have recently worsened. The patient is currently complaining of excruciating pain affecting the back and lower extremity. The requesting physician is unsure whether repeat surgical intervention would need to be performed and has requested an MRI. Guidelines support the use of repeat imaging to follow up a surgical procedure. As such, the currently requested repeat MRI with and without gadolinium is medically necessary.