

<b>Case Number:</b>	CM13-0056057		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 applicant is a [REDACTED] employee who has filed a claim for low back and neck pain reportedly associated with an industrial injury of September 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior cervical discectomy fusion surgery on May 3, 2013, electrodiagnostic testing apparently suggestive of a C6-C7 radiculopathy; unspecified amounts of epidural steroid injection; MRI imaging of February 18, 2011, notable for marked multifactorial stenosis at L3-L4, per the claims administrator; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 9, 2013, the claims administrator denied a request for lumbar MRI imaging, citing non-MTUS ODG Guidelines, although the MTUS does in fact address the topic. The applicant's attorney subsequently appealed. An October 2, 2013 progress note is notable for comments that the applicant has significant low back pain radiating to bilateral legs, left greater than right. The applicant apparently had two epidural steroid injections without any benefit. The applicant is now very depressed and is having difficulty with walking. Painful range of motion testing is noted despite 5/5 lower extremity strength. The applicant does exhibit positive straight leg raising and diminished ankle reflexes bilaterally. Cymbalta is endorsed, along with physical therapy referral. It is stated that the applicant may need an updated lumbar MRI in future. An earlier note of July 11, 2013 is notable for comments that the applicant reports persistent low back pain radiating to left leg. There is diminished sensorium about the left leg with positive straight leg raising. Ankle dorsiflexion and plantar flexion strength is apparently diminished. X-rays reportedly demonstrate some evidence of instability. On October 30, 2013, the applicant is described as having difficulty with tandem gait and reportedly is exhibiting symptoms of neurogenic claudication. A repeat lumbar MRI is sought.

## **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 (repeat):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Comp (TWC), online edition, chapter: Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal findings which identify specific neurologic compromise are sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, the employee has seemingly tried, failed, and exhausted lower levels of care, including physical therapy, medications, injections, etc. The employee does have evidence of neurologic compromise, with altered gait, altered sensorium, and altered strength appreciated on various 2013 office visits, referenced above. It is seemingly suggested that the employee would consider a surgical remedy as lesser levels of care have been tried and failed. MRI imaging is indicated, for all of the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.