

<b>Case Number:</b>	CM13-0066402		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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:

According to the records made available for review, this is a 29-year-old female with a 4/25/12 date of injury. At the time (12/2/13) of request for authorization for MRI of the lumbar spine, there is documentation of subjective (low back pain that radiates down both legs, much worse on the right, pain rated 7/10; numbness and tingling going to the big toe) and objective (decreased sensation on the right L5 and S1 distribution and positive straight leg raise in the bilateral lower extremities) findings, imaging findings (reported x-rays findings include loss of disc height that is moderately severe at the L5-S1, moderate at the L4-5 and foraminal stenosis at the L5-S1; there is instability with flexion and extension; there is retrolisthesis of L5 on S1) current diagnoses (L5-S1 instability with bilateral sciatica and decreased sensation on the right L5 and S1 distribution), and treatment to date (activity modification, medications, PT, ESIs, water therapy, and acupuncture). 11/14/13 medical report identifies a request for an MRI of the lumbar spine, last one done about a year and a half ago. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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).

**Decision rationale:** The 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. The Official Disability Guidelines (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 L5-S1 instability with bilateral sciatica and decreased sensation on the right L5 and S1 distribution. In addition, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. Furthermore, there is documentation that the patient had an MRI of the lumbar spine about a year and half ago (per 11/14/13 medical report). However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.