

<b>Case Number:</b>	CM13-0070870		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 38 year old with an injury date on 3/8/12. Based on the 11/21/13 progress report provided by [REDACTED] the diagnoses are L5 radiculopathy; Lumbar spondylosis without myelopathy; Lumbago; Lumbar herniated nucleus pulposus; and Lumbar radiculitis / Thoracic radiculitis Exam on 11/21/13 showed patient has "slow and painful gait. There is paraspinous tenseness in L-spine bilaterally. L-spine range of motion: 30 degrees flexion, -10 degrees extension. Sensation in bilateral lower extremities decreased through the leg. There is positive straight leg raise test. MRI of L-spine on 9/11/12 showed L4-L5 disc collapse, and up/down stenosis bilaterally, worse on the left. The utilization review determination being challenged is dated 12/17/13.

### 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 WITHOUT DYE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines (ODG) recommend repeat MRI's only if there has been progression of neurologic deficit. In this case, the treating physician is requesting an updated MRI for possible L-spine fusion and decompression. Prior MRI showed significant stenosis, the patient's symptoms have become worse and now has falling episodes. An updated MRI is consistent with ODG guidelines. Therefore, the request for MRI of the lumbar spine without dye is medically necessary and appropriate.