

<b>Case Number:</b>	CM14-0108190		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 69-year-old male who sustained a work related injury on 6/29/2006 as a result of a back injury without specification as to the mechanism of injury. Since then he has had continuous lower back pain, underwent a bilateral L2-L5 laminotomy, foraminotomy and decompression of the lateral recess on March 8th, 2010. A PR-2 dated 6/2/2014 indicated that the patient was previously seen on 11/18/2013, but this progress report is left out of the review. His complaints on 6/2/2014 are of increased urinary control problems which include dribbling and stress incontinence with an additional complaint of bowel control problems without elaboration of what exactly the problem is he is experiencing. He has pain in his lower and upper back. He reports numbness in his thighs and pain in the knee regions. His feet are constantly numb and tingling. On exam he is non-tender throughout. His neurological exam is benign, except for decrease light touch on the right lateral thigh. Strength is 5/5 all groups bilaterally, IP, Q, HS, TA, EHL, GS were assessed. Reflexes: equal bilaterally, knee, ankle +2, right knee +1. Negative straight leg raise, clonus and Babinski. A Lumbar MRI dated Jan 28, 2013 demonstrates surgical changes from L3-L5, mild lumbar levoscoliosis with minimal grade 1 spondylolisthesis at L4-5. There is multilevel intervertebral disc disease / desiccation with mild to marked foraminal stenosis throughout the lumbar region. Request made for lumbar MRI "for further evaluation of the reflex abnormalities, numbness and weakness on examination today". In dispute is a decision for a MRI lumbar spine without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE W/O DYE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence:

[http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI\\_Adult\\_Spine.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf).

**Decision rationale:** A repeat MRI on the basis of non-correlative physical exam is not warranted. Other than a +1 right patellar reflex light touch deficit of the lateral right thigh, his neurological examination is fairly benign without any documented strength deficits in the listed muscles. As such, the request is not medically necessary and appropriate.