MAXIMUS Federal Services

| Case Number: | CM14-0011147 | | |
|---|---|---|---|
| Date Assigned: | 02/21/2014 | Date of Injury: | 02/16/1984 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

## 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 Orthopaedic Surgery 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 injured worker is a 72-year-old female who was injured on February 16, 1984. The injured worker is documented as being 14 years status post lumbar fusion, but recently there is increased low back pain with lower extremity radiculopathy bilaterally. The neurologic examination documents no deep tendon reflexes, but normal motor strength. The clinician does not indicate any changes in sensation. The clinician recommends a Magnetic Resonance Imaging (MRI) the lumbar spine. Radicular symptoms are documented back to August 31, 2010. The utilization review in question was rendered on December 27, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MAGNETIC RESONANCE IMAGING WITH AND WITHOUT CONTRAST:** Overturned

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

**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, MRI

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) and the American College of Occupational and Environmental Medicine (ACOEM) guidelines do not

address the criteria for repeat Magnetic Resonance Imaging (MRI). The Official Disability Guidelines ODG do not recommended routine repeat MRIs, but notes that they may be performed if there's concern for recurrent disc herniation. Based on the clinical documentation provided, there is a new onset of progressive neurologic issues including radicular pain and absence of deep tendon reflexes. As such, the request is considered medically necessary.