

<b>Case Number:</b>	CM14-0015810		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Neurological 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 claimant is a 55-year-old male who was injured on October 1, 2011. The claimant is documented as having complaints of low back pain with left lower extremity radiculopathy. Previous conservative measures have included ibuprofen, tramadol, and lorazepam. Lumbar range of motion is documented as being diminished. A previous MRI of the lumbar spine was performed on February 1, 2012, which documented a Grade II spondylolisthesis at L5-S1, Grade I spondylolisthesis at L3-L4 and mild retrolisthesis at L4-L5. The most recent clinical document, dated January 10, 2014, documents continued low back complaints with radiculopathy, numbness down the left lower extremity and the symptoms of radiating numbness to the right foot. The neurological exam documents diminished sensation in the left great toe, diffuse weakness in the left arch secondary to pain and a normal vascular exam. The utilization review in question was rendered on January 17, 2014. The reviewer noncertified request for an MRI of the lumbar spine.

### 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:** 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, MRIs.

**Decision rationale:** The MTUS and ACOEM do not apply here. This represents a repeat MRI. There has not been an operative intervention since the previous MRI of 2012. As clinical documentation provided, the claimant does have complaints of lower extremity radicular symptoms with associated left lower extremity weakness. Given the significant changes of previous MRI and the continued symptoms, it would not be unreasonable to obtain a repeat MRI, as request would be supported by the ODG, which indicates that repeat MRI should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Given the recalcitrant radiculopathy and left lower extremity weakness, the request is considered medically necessary.