

<b>Case Number:</b>	CM14-0018079		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, and Pain Medicine and is licensed to practice in Florida. 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 60 year old male who sustained an injury on 03/03/2004 when lifting an object weighing about 150 pounds. The patient turned to the side and felt a sharp pain in his lower back. On 01/23/2014, it was noted that conservative treatment was not successful; however, the type of conservative treatments previously tried and failed were not specified. His history was noted to include an L5 hemilaminectomy with L5-S1 microdiscectomy and a left L2 hemilaminectomy and L2-3 microdiscectomy and nerve exploration. Post-operatively, an MRI on 12/17/2004 indicated an increased scar at L2-3 and L4-5 levels with no definite recurrent disc protrusion. The injured worker complained of worsened pain rated 7/10 in low back aggravated with walking bending and ADL activity. The injured worker's medications consisted of Hydrocodone-Acetaminophen, Fentanyl patches and Hydrochlorothiazide. The patient presented with ambulating stiffness and short shuffling steps, forward flexed and tenderness of lumbar paraspinals bilateral and lumbar interspinous ligaments, limited range of motion Flexion to knees lacked 10 degree of extension, motor strength 4/5 and physiologic 2+ patellar with special test of seated leg raise bilateral negative. Diagnoses were noted to include lumbosacral radiculopathy. The treatment plan was noted to include a repeat MRI due to the injured worker's worsening radiculopathy and leg weakness. However, the request for authorization form was not provided

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITH CONTRAST, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 patient has a diagnosis of lumbosacral radiculopathy, symptoms including worsening low back pain and burning legs with activity, and physical exam findings of weakness. A previous MRI was reportedly performed postoperatively on 12/17/2004. According to Official Disability Guidelines, repeat MRIs are not recommended in the absence of evidence of changes in symptoms or findings suggestive of specific pathology. In this case, the patient has a diagnosis of lumbosacral radiculopathy, symptoms including worsening low back pain and burning legs with activity, and physical exam findings of weakness. A previous MRI was reportedly performed postoperatively on 12/17/2004. While the clinical note dated 01/23/2014 indicated that the patient had worsening symptoms including weakness, prior clinical notes were not provided to verify these findings. Therefore the request for MRI with Contrast for the Lumbar Spine is not medically necessary and appropriate.