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| <b>Case Number:</b>   | CM14-0112899 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 01/01/2013 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/18/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 58-year-old male with a 1/1/2013 date of injury. A specific mechanism of injury was not described. 7/8/14 determination was non-certified given no clear progression of neurological deficits. 6/19/14 medical report identified that the patient had an additional slip and fall at her work and her pain persisted, quite similar to that previously reported and was mainly axial lumbar pain, rated at 5-6/10. There was a lesser right leg radicular component. It was noted that surgery was denied by UR. Exam was again noted as unchanged. The provider stated that the surgery was denied due to no clear evidence of instability, however, a radiologist interpretation of 3/18/13 lumbar flexion/extensions views reported 9.3mm of anterolisthesis at L5-S1 extension, 6.2mm with flexion. The provider also documents his own measurements on 3/18/13 of 5.24mm in flexion and progressing to 8.67mm on extension. The provider also stated that the most recent MRI scan is 2/28/13, and it would be surgically considered "out of date" and the patient was referred for an updated MRI scan, since the provider needs one from the preceding year. 5/2/14 progress report identified persistent, axial lumbar and buttock and right proximal extremity pain but more recently, she had some more generalized proximal spinal pain in the thoracic segments. Pain levels are 5-6/10. Exam is noted as unchanged from prior. It was noted that the patient did not have a clearcut neurologic deficit. Diagnostic impression included L5 spondylolysis with an isthmic grade I L5-S1 spondylolisthesis with dynamic imaging evidence of sagittal plane segmental instability and associated lateral recess and L5 foraminal stenosis as a function of that deformity. It was noted that several referrals for surgery have been made and that the patient is still interested in proceeding with surgical care. 3/7/14 medical report identified that the patient had at least 16 therapy sessions, she continued working, and also continued with persistent axial pain more than left leg radicular pain. Exam revealed bilateral L5 and some right S1 hypesthesia. She had trace weakness in the right EHL. She appeared to have a slightly

diminished right ankle jerk compared to the left. SLR reproduced back pain and there was decreased range of motion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**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 Chapter)

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient had reported spondylolisthesis and has been proposed for surgery, which was denied. The provider documents that the patient had an additional fall at work and he documents radicular findings. In addition, the previous lumbar MRI was on 2/28/13 and an updated imaging study was necessary for surgical purposes. Considering all these factors a repeat lumbar spine is indicated to evaluate the lumbar spine in light of a new injury, radicular symptoms, instability, and possible surgical indications. The medical necessity was substantiated.