

<b>Case Number:</b>	CM14-0116428		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 38-year-old female with a 6/5/07 date of injury and status post lumbar decompression and fusion L3-S1 on 7/30/12. At the time (5/27/14) of request for authorization for MRI (Magnetic Resonance Imaging) of the Lumbar Spine without Contrast, there is documentation of subjective (increasing pain and stiffness in the low back radiating down both legs with numbness and tingling; and difficulty performing activities of daily living) and objective (essentially unchanged orthopedic examination from previous visit) findings, imaging findings (MRI of the lumbar spine (5/31/11) report revealed disc bulge with moderate central canal stenosis, left lateral recess stenosis, and moderate to severe neural foraminal narrowing at L3-4; disc bulge with mild canal stenosis, left lateral recess stenosis, and moderate to severe neural foraminal stenosis at L4-5; and severe narrowing of the left neural foramen at L5-S1 with a disc bulge contacting the traversing left S1 nerves), current diagnoses (status post lumbar decompression and fusion L3-S1, residual or recurrent multilevel disc protrusions of the lumbar spine, and bilateral lower extremity radiculopathy), and treatment to date (medications, physical therapy, injections, and lumbar surgery). In addition, medical report identifies a lumbar CT scan performed on 1/27/14. Furthermore, medical report identifies a request for an updated lumbar MRI to rule out any disc herniations at adjacent levels of the lumbar spine fusion that will not be shown on CT scan. There is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI (Magnetic Resonance Imaging) of the Lumbar Spine without Contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of status post lumbar decompression and fusion L3-S1, residual or recurrent multilevel disc protrusions of the lumbar spine, and bilateral lower extremity radiculopathy. In addition, there is documentation of a previous lumbar MRI performed on 5/31/11 and lumbar CT scan performed on 1/27/14. However, despite documentation of a request for an updated lumbar MRI to rule out any disc herniations at adjacent levels of the lumbar spine fusion that will not be shown on CT scan, and given documentation of objective findings (essentially unchanged orthopedic examination from previous visit), there is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI (Magnetic Resonance Imaging) of the Lumbar Spine without Contrast is not medically necessary and appropriate.