

<b>Case Number:</b>	CM14-0130468		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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, 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:

According to the records made available for review, this is a 47-year-old male with a 5/4/12 date of injury. At the time (7/23/14) of the request for authorization for MRI with Gadolinium Contrast Lumbosacral Spine, there is documentation of subjective (numbness down the right leg increased in frequency and he has been having increased weakness on his right leg and walking tolerance has decreased to 15 minutes intervals) and objective (gait is difficult on the right; tenderness over the L5-S1 disc space, bilateral lumbosacral paraspinal muscles and bilateral gluteal musculature (right greater than left); lumbar active range of motion is decreased; sensation is decreased to light touch in the right lower extremity) findings, current diagnoses (lumbosacral radiculopathy secondary to lumbar stenosis secondary to L3-L4, L4-5, and L5-S1 disc herniation, status post lumbar decompression surgery on 7/10/13), and treatment to date (medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with Gadolinium Contrast Lumbosacral Spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance 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 condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy secondary to lumbar stenosis secondary to L3-L4, L4-5, and L5-S1 disc herniation, status post lumbar decompression surgery on 7/10/13. In addition, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment. Furthermore, there is documentation of prior lumbar surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI with Gadolinium Contrast Lumbosacral Spine is medically necessary.