

<b>Case Number:</b>	CM14-0139181		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Tennessee. 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 patient is a 32-year-old female who has submitted a claim for back injury, status post decompression and fusion; associated with an industrial injury date of 04/22/2013. Medical records from 2013 to 2014 were reviewed. The patient complains of radicular pain and symptoms on her right lower extremity. Physical examination revealed right sided radicular pain. Neurological examination was normal. Treatment to date has included oral medications, surgery and physical therapy. Utilization review from 08/21/2014 denied the request for MRI of the lumbar spine. The patient is status post decompressive laminectomy with posterolateral inter-body fusion and instrumentation dated 04/20/2013. Given this previous surgery, it is not entirely clear that an MRI would be of value as the metal might make it difficult to make any determination as to what the status of the nerve relative to the pedicle screw might be.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** As noted on pages 303-304 of the CA MTUS ACOEM Guidelines, there is support for 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. In this case, decompressive laminectomy with posterolateral inter-body fusion and instrumentation dated 04/20/2013. An MRI scan is being requested to evaluate possible issues with the retained hardware. However, objective neurological examination findings to indicate an MRI are not present. The necessity for a repeat MRI, based from the guidelines cited above is difficult to establish. Therefore, the request for MRI of the lumbar spine is not medically necessary.