

<b>Case Number:</b>	CM14-0176721		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/03/1999
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35 year old male with an injury date on 11/03/1999. Based on the 09/08/2014 hand written progress report provided by [REDACTED], the diagnosis is: 1. Lumbar spine disc herniation L5-S1, status post L5-S1 discectomy. According to this report, the patient complains of "increased low back pain and leg pain." "Right side radiates down to Rt leg to foot, Lt side radiates to level knee." The patient had a fall about 3 weeks ago. Physical exam reveals "Antalgic gait, +limp, DTR patella 1+ both, Achilles Rt 1/4, Lf 2/4, sensation decrease Rt L5-S1. +SLR both, and +tender, spasm Rt paralumbar." MRI of the lumbar spine on 02/16/2014 reveals "L5-S1: Patient is status post partial laminectomy of L5. There is a broad-based anterior epidural process, which at its maximum on the right side measures about 8mm and is noted to be engulfing the right S1 nerve root. In view of the post-surgical status of the patient we may be dealing with considerable epidural fibrous granulation tissue although the possibility of a recurrent disk protrusion cannot be rule out. This level shows moderately significant narrowing of both neural foramina." There were no other significant findings noted on this report. The utilization review denied the request on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/2014 to 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Lumbar Spine with and without Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under MRI

**Decision rationale:** According to the 09/08/2014 report by [REDACTED] this patient presents with "increased low back pain and leg pain" due to fall about 3 weeks ago. The treater is requesting a repeat MRI of the Lumbar Spine with and without contrast "to evaluate progression disc pathology L5-S1."Regarding repeat magnetic resonance imaging (MRI) study, Official Disability Guidelines (ODG) states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)."Review of available reports show that the patient had a recent fall and back pain is now worsened. In this case, the patient presents with radicular pain, positive Straight leg raise, and decreased sensation over the right L5-S1. The patient is post-operative for L5-S1 discectomy. Given the patient's persistent radicular symptoms, and post-operative state, an updated MRI appears reasonable and consistent with the guidelines. Treatment is medically necessary and appropriate.