

<b>Case Number:</b>	CM14-0177400		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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:

This case involves an injured worker with a date of injury on 11/18/2011 who is status post lumbar spine surgery. Orthopedic report dated July 11, 2014 documented that the patient is status post L4 laminectomy and L4-5 interbody and bilateral interpedicular fusions, which satisfactorily positioned. Degenerative spur formation L2-3 was noted. No interval change from May 2, 2013 was noted. Diagnoses were lumbar spine disc herniation; lumbar spine radiculopathy; left leg and status post lumbar fusion; lumbar sprain strain; large disc protrusion at L4-L5 with moderate spinal stenosis and lumbar radiculitis; and status post lumbar laminectomy and interbody fusion at L4-L5. The patient underwent an interbody fusion at the L4-5 level. X-rays performed on November 6, 2013 shows intact fusion construct without failure. The most recent report from the patient's neurosurgeon dated December 5, 2013 did not recommend any additional diagnostic testing or further surgery. Based on the x-ray report, the fusion appears to be stable. There does not appear to be any further diagnostic testing or treatment being recommended. Lumbar spine surgery was performed 4/5/13. The progress report dated 9/2/14, documented subjective complaints of lumbar pain that was rated at 2/10. Objective findings were documented. Lumbar flexion was 40 degrees. Extension was 15 degrees. Diagnoses were lumbar disc disorder with radiculopathy. MRI magnetic resonance imaging of the lumbar spine was requested. Utilization review determination date was 9/24/14.

### 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI's (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) CT computed tomography of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Orthopedic report dated July 11, 2014 documented that the patient is status post L4 laminectomy and L4-5 interbody as well as bilateral interpedicular fusions, which satisfactorily positioned. Degenerative spur formation L2-3 was noted. No interval change from May 2, 2013 was noted. Diagnoses were lumbar spine disc herniation, lumbar spine radiculopathy, left leg and status post lumbar fusion, lumbar sprain strain, large disc protrusion at L4-L5 with moderate spinal stenosis and lumbar radiculitis, status post lumbar laminectomy and interbody fusion at L4-L5. The patient underwent an interbody fusion at the L4-5 level. X-rays performed on November 6, 2013 shows intact fusion construct without failure. The most recent report from the patient's neurosurgeon dated December 5, 2013 did not recommend any additional diagnostic testing or further surgery. Based on the x-ray report, the fusion appears to be stable. There does not appear to be any further diagnostic testing or treatment being recommended. Lumbar spine surgery was performed 4/5/13. The progress report dated 9/2/14 documented subjective complaints of lumbar pain that was rated at 2/10. Objective findings were documented. Lumbosacral flexion was 40 degrees. Extension was 15 degrees. No neurologic abnormalities were documented on the 9/2/14 physical examination, which only documented range of motion. No suspicion of cauda equina, tumor, infection, or fracture was documented. Per ACOEM guidelines, MRI magnetic resonance imaging of the lumbar spine is not supported. Therefore, this request is not medically necessary.