

<b>Case Number:</b>	CM14-0177731		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<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, has a subspecialty in Nephrology 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:

Patient is a 56-year-old male who has submitted a claim for lumbar herniated nucleus pulposus associated with industrial injury date of 9/12/2007. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Patient reported 60% reduction of symptom status post lumbar epidural injection. Physical examination showed a slightly positive straight leg raise test on the left. Range of motion of the lumbar spine was restricted. Motor strength and sensory exam were unremarkable. Reflexes were symmetrical. MRI of the lumbar spine without contrast on 3/23/2013 documented no acute findings since the previous study; anatomic alignment and solid osseous integration following L5 to S1 anterior lumbar interbody fusion; no hardware complication; status post right L4 to L5 and L5 to S1 hemilaminectomies; and severe right L4 to L5 lateral recess stenosis from disk bulging and bone spurring. Treatment to date has included left L4 to L5 and right L5-S1 hemilaminectomies (undated), bilateral S1 transforaminal epidural steroid injection on 2/18/2013, physical therapy, and medications. Utilization review from 10/6/2014 denied the request for MRI of the lumbar spine with contrast because patient already underwent MRI on 3/23/2013 and there was no discussion on what follow-up information was necessary for retesting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, Lumbar Spine with contrast:** Upheld

**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 Section, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain radiating to the left lower extremity. Patient reported 60% reduction of symptom status post lumbar epidural injection. Physical examination showed a slightly positive straight leg raise test on the left. Range of motion of the lumbar spine was restricted. Motor strength and sensory exam were unremarkable. Reflexes were symmetrical. MRI of the lumbar spine without contrast on 3/23/2013 documented no acute findings since the previous study; anatomic alignment and solid osseous integration following L5 to S1 anterior lumbar interbody fusion; no hardware complication; status post right L4 to L5 and L5 to S1 hemilaminectomies; and severe right L4 to L5 lateral recess stenosis from disk bulging and bone spurring. However, there was no documented rationale for a contrast MRI of the lumbar spine. There was no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing a contrast MRI. Moreover, there was no discussion how treatment plans may change based on the results. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI, Lumbar Spine with contrast was not medically necessary.