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| <b>Case Number:</b>   | CM14-0178908 |                              |            |
| <b>Date Assigned:</b> | 11/03/2014   | <b>Date of Injury:</b>       | 09/27/2001 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female who had a work injury dated 9/27/01. The diagnoses include status post lumbar interbody fusion and removal of hardware. Under consideration are requests for MRI of the lumbar spine, with and without contrast, as an outpatient. MRI L-Spine October 2012)- Posterior decompression at L5 with lumbar interbody fusion at L4-5 and L5-S1. Postsurgical changes are demonstrated within the dorsal lumbar soft tissue. Grade 1 retrolisthesis of L2, -L2-L3, a 2.9mm circumferential disc bulge which mildly impresses on the thecal sac. Bilateral facet arthrosis, ligamentum flavum hypertrophy, and mild bilateral neural foraminal narrowing are noted. L3~L4, a 3.1 mm circumferential disc bulge which mildly impresses on the thecal sac. Bilateral facet arthrosis, ligamentum flavum hypertrophy; and mild bilateral neural foraminal narrowing is noted. A high-intensity zone is present within the right foraminal annular fibers of the disc which may represent an annular fissure/tear that may be associated with pain. L5-S1, and interbody fusion device within the disc is seen to protrude 2.6mm into the central anterior epidural soft tissue. There is a 7/2/14 progress note that states that she complains of moderate to severe lumbar and leg pain as well. The lumbar exam reveals that the patient has difficulty walking. The patient has difficulty changing position and getting onto the examining table. The motion is restricted and does cause painful symptoms. There is guarding with motion. There is muscle spasm present. Straight leg raising is negative to the left in a sitting as well as supine position. Straight leg raising is negative to the right in a sitting as well as supine position. Bent-knee femoral stretch test is positive. Deep tendon reflex is 2+ in the left ankle. Deep tendon reflex is 2+ in the right ankle. Deep tendon reflex is 1+ in the left knee. Deep tendon reflex-is 1+ in the right knee. Gait is Antalgic. There is 3/5 left hip flexion, 4/5 left knee extension and 4/5 left knee flexion. There is decreased sensation in the left L3, L4 dermatomes. The treatment plan

states that she is pending lumbar surgery. Per documentation there was a 9/23/14 document that stated that 9/23/14 for increasing low back pain as well as weakness in her lower leg. Doctor is requesting another MRI given the fact that she has increased in pain with deterioration of function.

### **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, as an outpatient:** 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 - Lumbar & Thoracic (Acute & Chronic)-MRIs

**Decision rationale:** MRI of the lumbar spine, with and without contrast, as an outpatient is medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The ODG states that an MRI is appropriate in a patient with low back pain and prior lumbar surgery. The documentation indicates that the patient has increasing pain and weakness in her leg and is preparing for lumbar surgery. The request for MRI of the lumbar spine, with and without contrast, as an outpatient is medically necessary.