

<b>Case Number:</b>	CM14-0027469		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Surgery and is licensed to practice in Texas. 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 injured worker is a 35-year-old who suffered a low back injury when he fell after being attacked by a dog while working as a meter reader on May 7, 2008. He subsequently underwent conservative care but without relief. So in 2009 he had a lumbar fusion performed at L45 level. A second MRI and second lumbar surgery was performed in 2011 where plates and screws were applied. The claimant has recently sought reevaluation regarding the low back and left radicular pain. An orthopedic physical examination on February 12, 2014 documents no neurologic deficits, normal deep tendon reflexes and Motor scores of 5/5. This was followed by a repeat examination on March 19, 2014 by primary treating physician initial report under future medical care which revealed no neurologic deficits and normal deep tendon reflexes and motor strengths of 5/5. The claimant has low back pain radiating down the left leg down to the patella. There has been a request for a third repeat lumbar MRI with gadolinium and creatinine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITH GADOLINIUM OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Both the Low Back Complaints Chapter of the ACOEM Practice Guidelines, and the ODG recommends that imaging be reserved for those with red flags or objective neurologic findings to warrant imaging. In fact, the ODG specifically recommends no repeat imaging unless there has been a significant change of symptoms or findings to suggest significant pathology. There is no documentation of any substantive change nor neurologic deficits to warrant the request. Therefore the request remains not medically necessary. The request for an MRI with Gadolinium of the lumbar spine is not medically necessary or appropriate.