

<b>Case Number:</b>	CM14-0027978		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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 59 year old male with a date of injury on 4/12/2000. His Diagnoses include status post posterior lumbar interbody fusion (PLIF) at L4-5, pseudoarthrosis, upper back strain, and degenerative disc diseases, and small central disc herniation at L2-3. Subjective complaints are increasing lower back pain and right leg pain, and numbness in the right foot. A Physical exam shows difficulty walking, motion is restricted, positive right straight leg raise test, and decreased L5-S1 sensation on the right. Lumbar x-rays from 1/16/14 show decreased disc space at L3-4 and L5-S1, and surgical changes at L4-5. The Submitted documents show that patient's pain has increased and function deteriorated between 10/23/14 visit and 1/18/14 visit.

### 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 GADOLINIUM (GAD):**

Overtuned

**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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** The ACOEM Practice Guidelines recommends MRI of the lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The Official Disability Guidelines recommends repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The Official Disability Guidelines also states that MRI's are the imaging test of choice for patients with prior back surgery. This patient has documented worsening pain and decreased function and ability to ambulate. The Patient is also status post lumbar surgery and is having exacerbated symptoms. Guidelines indicate that MRI's are the imaging study of choice for patients with prior back surgery. Therefore, the request for a Lumbar MRI is medically necessary.