

<b>Case Number:</b>	CM14-0033106		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/15/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 65-year-old male with a reported injury on 12/30/2003. The mechanism of injury was not provided within clinical notes. The clinical note dated 03/18/2014 reported that the injured worker complained of neck and low back pain with left leg radiculopathy. A CT scan of the lumbar spine revealed a slight protrusion of the pedicle screw into the L4 foramina. The physical examination revealed tenderness and limited range of motion to the injured worker's lumbar spine. The injured worker had a positive straight leg raise on the left at 60 degrees. The examination of the cervical spine revealed spasms and tenderness with decreased range of motion. It was reported that the injured worker had radiculopathy to the C5-6 level. Prior imaging studies were not available for review. The injured worker's prescribed medication list included Vicodin, Terocin cream, Flexeril, Neurontin, and Motrin. The injured worker's diagnoses included status post lumbar spine fusion, lumbar spine degenerative disc disease, cervical spine degenerative disc disease, and left knee strain. The provider requested an MRI with gadolinium of the lumbar due to the injured worker's bilateral leg pain. The request for authorization was submitted on 03/15/2014. The injured worker's prior treatments included home exercise. The injured worker walks 1 to 2 miles 3 to 4 times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with gadolinium of lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): , pages 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI with gadolinium of lumbar is non-certified. The injured worker complained of neck, low back pain, and left leg radiculopathy. The treating physician's rationale for MRI to the lumbar spine is due to the injured worker's bilateral leg pain. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI 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). Gadolinium contrast medium makes certain tissues, abnormalities or disease processes more clearly visible on a magnetic resonance imaging (MRI) scans. Gadolinium based contrast medium is sometimes called an MRI contrast medium or agent. It is reported that the injured worker has radicular pain stemming from the left C5-6 levels. Previous imaging studies were not provided within clinical paperwork. The Guidelines do not recommend a repeat MRI without significant symptom changes. There is a lack of objective findings or physiological evidence indicating a new and specific nerve compromise per neurological examination to warrant imaging. Furthermore, there is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or medication. Moreover, it was noted that the injured worker walks 1 to 2 miles 3 to 4 times a week. There is a lack of clinical information indicating the injured worker's pain was unresolved with this activity. Therefore, the request for MRI with gadolinium of lumbar is non-certified.