

<b>Case Number:</b>	CM14-0039114		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

The underlying date of injury in this case is 11/18/2011. The date of the utilization review under appeal is 03/10/2014. The patient's diagnosis is lumbar disc displacement. On 02/28/2014, the patient was seen in orthopedic follow-up with increasing pain in the back radiating to the right leg. The patient was noted to have been deemed permanent and stable as of 06/21/2012. The patient reported dramatically increased pain and ambulated with a right antalgic gait at that time. The patient had limited motion of the thoracolumbar spine with moderately positive straight leg rising on the right. The patient also had weakness of dorsiflexors on the right. The treating physician noted that the patient had a successful operative procedure two years previously, and there was concern that the patient could have re-herniated her lumbar disc. Previously on 09/12/2013, the orthopedist noted that the patient's motor examination was normal in the lower extremities. An initial physician review noted that there was no indication that there were new findings on exam or indications for emergency surgery, no indication that the patient had failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with & without contrast of the Lumbar Spine:** Overturned

**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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Low Back, Repeat MRI

**Decision rationale:** ACOEM Guidelines Chapter 12 low back, page 309, states that MRI imaging is the test of choice for patients with prior back surgery. More specific details regarding repeat MRI imaging can be found in Official Disability Guidelines/Treatment in Workers' Compensation/Low Back, which specifically states that repeat MRIs are indicated only if there has been progression of neurological deficit. An initial physician review concluded that there is no indication that there was a change in the neurological exam. However, the medical records do clearly document new onset dorsiflexion weakness along with severe pain and radicular symptoms. This does represent a neurological change for which the guidelines would support repeat MRI imaging. This request is medically necessary.