

<b>Case Number:</b>	CM14-0066413		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Pain Management, 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:

This is a 40-year-old male with a 06/05/2013 date of injury. The mechanism of injury occurred when the patient was working on a wheelchair lift. A 4/3/14 determination was non-certified given no significant changes in the patient's subjective findings. A 4/16/14 medical report by [REDACTED] identified that the patient was seen for follow-up, he was given recommendations, and he returned a few hours later complaining that after he left he had "bad, bad, bad pain" with muscle spasm and pointing to the right mid and lower back and he was requesting to get an x-ray of the back to see if "bone is touching each other". The provider stated that it appeared to be an acute episode of muscle spasm. However, the patient insisted on getting an x-ray. The patient made an appointment with [REDACTED] for the following month and he agreed to give the patient a slip to obtain x-rays of the thoracolumbar spine. [REDACTED] informed the patient that he doubted that this will add any more information to what they already know. The patient was remained that the provided requested a repeat MRI of the lumbar spine to see if there was any progression of the findings of the previous MRI. An additional 4/16/14 medical report by [REDACTED] identified low back pain rated 8/10 aggravated by prolonged sitting and driving. There was significant difficulty sleeping and some numbness and tingling in the back. There was decreased range of motion, negative SLR bilaterally, decreased sharp to dull discrimination on the L5 and S1 dermatomes. Reflexes were 1/4 symmetric. 9/13/13 initial consultation identified right lower back pain with radiation to the right ankle and calf with burning sensation. Pain level was 5/10. There was decreased range of motion, decreased sharp to dull discrimination on the L5 and S1 dermatomes, and knee extensors 4/5 on the right due to pain and give way. Reflexes 2/4 patella and 1/4 Achilles. Reported 8/29/13 MRI revealed disc protrusion and abutting up on the exit points of the L5 nerve root, greater than the left at L4-5. Disc extrusion with slight compromise of the right L5-S1 foramen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine with and without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, MRI (Official Disability Guidelines).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** The Official Disability Guidelines state that MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient has clinical findings of radiculopathy and an August 2013 MRI which identified disc protrusion and abutting up on the exit points of the L5 nerve root, greater than the left at L4-5; and disc extrusion with slight compromise of the right L5-S1 foramen. The patient presented with increased pain in the most recent evaluation with an acute (apparently severe) exacerbation of low back pain. The records also indicate that on September reflexes were 2/4 at the patella and 1/4 at the ankles, by March 2014 the reflexes are noted to be 1/4 and symmetric. Given increased pain and changes on examination, the requested repeat MRI was medically necessary to assess any changes on the patient's previous disc protrusion and to better delineate a future treatment plan. As such, the request was medically necessary.