

<b>Case Number:</b>	CM14-0073402		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Orthopaedic Surgery 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 56-year-old female sustained an industrial injury on 12/02/10. The injury occurred when she was walking in a freezer and slipped and fell. The patient was status post right total knee arthroscopy with partial medial and lateral meniscectomies, partial synovectomy, and chondroplasty on 5/18/12, and right total knee replacement on 11/12/13. The 2/7/12 lumbar MRI documented 6-7 mm disc protrusions at L2/3, L3/4, L4/5, and L5/S1 indenting the anterior portion of the lumbosacral sac causing 30% diminution in the AP sagittal diameter of the lumbosacral canal. The 2/10/12 nerve conduction study documented findings consistent with bilateral tarsal syndrome, bilateral peroneal axonal neuropathy, lumbosacral plexopathy, and possible L5/S1 radiculopathy. The 3/25/14 treating physician report indicated that the patient had lost the ability to dorsiflex her toes on her right side. There was excellent strength in resisted dorsiflexion and inversion. She could not extend her great or lesser toes to neutral. Sensation was diminished on the lateral border of her foot and 1st dorsal web space. Lumbar spine x-rays were taken and showed very significant L3/4 intervertebral disc disease with basically no discs and massive osteophyte formation and posterior arthritis. The treating physician expressed concern regarding the sudden weakness in her legs. The treatment plan recommended EMG, nerve conduction test, lumbar MRI, and a hyaluronic acid injection for her left knee. The 5/1/14 utilization review approved requests for Synvisc One injection to the left knee and a left lower extremity EMG/NCV. The request for lumbar spine MRI was denied. Agreement with the treating physician was documented in the peer-to-peer discussion. EMG/NCV testing would be performed first and then a decision for lumbar MRI would follow.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/31/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

**Decision rationale:** The ACOEM Revised Low Back Disorder guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have been met. The patient presents with lumbar x-rays findings of significant disc disease. The last lumbar MRI was reported in 2012 with multilevel disc disease and spinal stenosis. Given the sudden lower extremity weakness and significant disc disease on radiographs, repeat MRI is consistent with guidelines. Therefore, this request for MRI of the lumbar spine is medically necessary.