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| <b>Case Number:</b>   | CM14-0196068 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 11/02/2010 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 61-year-old male with an original date of injury of November 2, 2010. The industrial diagnoses cover the lumbar spine and the lower limbs. The patient developed chronic low back pain due to a twisting injury and has a history of lumbar spine surgery in December 2010. The patient underwent an L3-L4 foraminotomy surgery. The patient had postoperative physical therapy and had a lumbar MRI which demonstrated 35 of dextro scoliosis as well as minimal improvement from the left foraminal stenosis. This previous MRI was performed on October 29, 2012. The patient since that time has had a selective nerve root block on 8/19/2013 which did not provide much benefit. The disputed issue is a request for repeat lumbar MRI. This was denied in a utilization review on date of service November 11, 2014. The rationale for this denial was that a repeat scan was "not medically necessary in the setting of stable examination prior to completing some treatment for the reported pain exacerbation."

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic

**Decision rationale:** The request for a repeat lumbar MRI was documented in a note on date of service November 5, 2014. The provider noted that subjectively the patient continues with right lower back pain which stressed to the right but it's stopping at the knee. Physical examination revealed full power and muted reflexes symmetrically. The change in reflex is a objective sign of possible nerve dysfunction. The patient has had conservative therapy with physical therapy and epidural steroid injection without significant benefit. Given the chronic nature of this lumbar particular pain even following lumbar surgery, it is appropriate to re-image the patient at this time to assess for any additional spine pathology. This request is medically necessary.