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| <b>Case Number:</b>   | CM14-0201900 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 01/01/2001 |
| <b>Decision Date:</b> | 02/03/2015   | <b>UR Denial Date:</b>       | 10/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2014 |

### 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 Internal 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:

This is a 55 year old female who suffered an industrial related injury on 1/1/01. The treating physician's report dated 9/25/14 noted the injured worker had complaints of low back pain. The injured worker had completed physical therapy sessions. Diagnoses included post-lumbar laminectomy syndrome, sacroiliac syndrome, fibromyositis, and lumbar/sacral radiculopathy. The injured worker was noted to be stable on her current medication regimen and was using her pain pump. A physician's report dated 10/13/14 noted the injured worker had new onset of left leg pain, numbness, and tingling for 4 days. This was the first report of left leg symptoms. The physical examination revealed no vertebral spine tenderness, paravertebral spam noted, wide based gait, and reduced lumbar range of motion in all directions. The sensory examination revealed loss to pinwheel over the medial/posterior calf on the left and left lower extremity decreased strength. The straight leg raise test was negative on the left. The injured worker had been taking Aleve and over the counter medications. With the new onset of left leg pain a MRI of the lumbar spine was recommended to evaluate any new pathology due to dense numbness over the left posterior calf along with decreased strength and a loss of the left ankle reflex. On 10/29/14 the utilization review (UR) physician denied the request for a MRI of the lumbar spine without contrast. The UR physician noted the Medical Treatment Utilization Schedule guidelines state that when a neurological examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The UR physician goes on to say that the clinical documentation submitted for review did not provide sufficient objective data regarding failed conservative treatment after her new onset of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291, 303-305, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that neurologic deficit is a red flag for potentially serious low back conditions. Red flags include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, and radicular signs. MRI magnetic resonance imaging is indicated to define a potential cause of tissue insult or nerve impairment. MRI is the test of choice for patients with prior back surgery. The progress report dated October 13, 2014 documented that the patient reported new onset of left leg pain for four days. She feels that the pain is similar to her sciatica pain post operatively. This is the first time she has described left lower extremity pain, numbness and weakness. She describes the pain as a pulling sensation that starts from the buttocks to ankles. She has a pins and needles sensation. The patient is status post lumbar fusion spine surgery. Physical examination demonstrated scar from previous surgery. Range of motion was reduced all directions with pain. Trace ankle deep tendon reflex ankle was noted. Sensory examination demonstrated loss to pinwheel over medial/posterior calf on the left. Motor system examination demonstrated left lower extremity decreased extensor hallucis longus and extensor digitorum longus strength 5-/5. The patient has new onset of left lower extremity pain. The patient has fairly dense numbness over the left posterior calf along with decreased strength and a loss of left ankle reflex. This is a new area of pain and symptoms for her. MRI magnetic resonance imaging of the lumbar spine without contrast to evaluate any new pathology was requested. Because medical records document new onset neurologic deficits and a history of lumbar back surgery, the request for MRI of the lumbar spine is supported by ACOEM guidelines. Therefore, the request for MRI lumbar spine without contrast is medically necessary.