

<b>Case Number:</b>	CM15-0147130		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/21/1997
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 65 year old female, who sustained an industrial injury on 11-21-1997. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar 2-3 spondylolisthesis and status post lumbar surgeries. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery X2, physical therapy, yoga, home exercises and medication management. In a progress note dated 7-1-2015, the injured worker complains of low back pain and left lower extremity pain. Physical examination showed a negative straight leg raise test. The treating physician is requesting magnetic resonance imaging of the Lumbar Spine with Gadolinium and Flexion-Extension X-Ray of the Lumbar Spine.

### 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 with Gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10494528>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: MRIs (magnetic resonance imaging).

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria as there are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI done in 2013 with electrodiagnostic studies. Pain is chronic and unchanged for over 15years with recent flare. Justification for MRI was that it needed gadolinium because the patient has had surgeries in the past but it is unclear why patient even requires an MRI to begin with. Official Disability Guideline recommends MRI with contrast for patients with prior back surgeries. However, neurosurgeon's request for an MRI was never appropriate to begin with and exam, presentation and justification never meeting any criteria for recommendation. MRI of lumbar spine is not medically necessary.

**Flexion-Extension X-Ray of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexion/extension imaging studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Flexion/extension imaging studies.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria as there are no documented red flag findings in complaints or exam. There is noted no new neurologic dysfunction. Patient has had an MRI done in 2013 with electrodiagnostic studies. Pain is chronic and unchanged for over 15years with recent flare. Provider has failed to document why flexion-extension films need to be done. "To evaluate for spondylolisthesis" is an invalid rationale if there is no new neurological deficits, signs of instability or plan for surgery. Flexion-extension X-rays of lumbar spine is not medically necessary.