

<b>Case Number:</b>	CM14-0165582		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 & Rehabilitation 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 47-year-old male who reported an injury on 09/25/2007. The mechanism of injury was not stated. The current diagnosis is persistent pain status post L4-5 spinal fusion with instrumentation. Previous conservative treatment is noted to include physical therapy, epidural steroid injections, Botox injections, and medications. The injured worker is also status post lumbar laminectomy in 2000, and lumbar fusion in 2001. The current medication regimen includes MS Contin, oxycodone, and glucosamine. The injured worker was evaluated on 09/04/2014 with complaints of persistent lower back pain with radiation into the left lower extremity. The injured worker reported an improvement in symptoms with previous epidural injections and Botox injections. However, the injured worker's latest injection was approximately 2 years prior. Physical examination on that date revealed intact sensation in the bilateral lower extremities, positive straight leg raising on the left, diminished Achilles reflexes bilaterally, an antalgic gait, decreased lumbar range of motion, tenderness to palpation along the left paralumbar musculature, and normal motor strength in the bilateral lower extremities. It is noted that the injured worker underwent an MRI of the lumbar spine in 10/2013, which indicated a complete consolidation of the fusion with instrumentation. Treatment recommendations included a new MRI of the lumbar spine to evaluate fusion. A Request for Authorization form was then submitted on 09/15/2014.

### 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 (Repeat MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Repeat MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no documentation of a motor or sensory deficit upon physical examination. The Official Disability Guidelines state the indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. There is no documentation of a recent attempt at conservative treatment prior to the request for an additional imaging study. It is also noted that the provider is requesting a new MRI study of the lumbar spine to evaluate successful fusion. However, the Official Disability Guidelines state a CT scan of the lumbar spine may be indicated to evaluate successful fusion if plain x-rays do not confirm fusion. There is no documentation of any recent x-rays performed prior to the request for an additional MRI. Based on the clinical information received, and the above mentioned guidelines, the request is not medically necessary.