

<b>Case Number:</b>	CM14-0094576		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 year old male with an injury date of 03/05/07. Based on the 05/14/14 progress report provided by [REDACTED] patient complains of persistent pain in the lower back and radiating leg pain. Patient is status post L4-5 ALIF/PSIF. Progress report dated 05/13/14 by [REDACTED] states that patient is currently on opiod medication which brings his pain level to 5/10 versus 8/10 without medication. The patient's back pain is accompanied by tingling in the bilateral lower extremities to the level of the foot. The pain is aggravated by activity and walking. Patient's gait is antalgic and slow. Physical Exam to the Lumbar Spine:- well healed surgical scar present- spasm and tenderness in paravertebral musculature- decreased range of motion in flexion (50 degrees), extension (10 degrees) due to pain and bending (45 degrees left and 45 degrees right)- Sensory exam shows decreased sensitivity to touch along dermatome in both lower extremities- Motor exam shows decreased strength of extensor and flexor muscles in bilateral lower extremities- Straight leg raise with patient in the seated position was positive bilaterally at 70 degrees. Diagnosis:- Lumbago- Lumbar Disc Displacement- Chronic pain, other- Failed Back Surgery Syndrome, Lumbar- Lumbar Radiculopathy- status post L4-5 ALIF/PSIF (date unknown) X-Ray of the Lumbar Spine 04/21/14- mild hypertrophic changes of the lumbar spine.- decrease in L2-3 and L3-4 disc levels.- posterior fusion seen at L4-5 with a metallic prosthesis- calcification of abdominal aorta- mild osteopenia MRI of Lumbar Spine 02/07/11- 2mm disc protrusion at L4-5 - 5mm retrolisthesis of L5 upon S1- mild to moderate facet joint arthropathy from L3-4 through L5-S1 levels [REDACTED] is requesting for Repeat MRI w/o contrast of the Lumbar Spine. The utilization review determination being challenged is dated 06/11/14. The rationale is that there is no documentation of any significant change in the patient's signs and symptoms or any findings suggestive of significant pathology.

██████████ is the requesting provider, and he has provided treatment reports from 02/20/14 - 07/08/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat MRI w/o contrast of the Lumbar Spine: Overturned**

**Claims Administrator 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient presents with chronic back pain, lumbar radiculopathy down both legs, and failed back surgery syndrome. He is status post L4-5 ALIF/PSIF (date unknown). The request is for Repeat MRI w/o contrast of the Lumbar Spine. With regards to MRI of the Lumbar Spine, ODG-TCW guidelines has the following: "MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) Indications for Imaging -- Magnetic resonance imaging:- Uncomplicated low back pain, prior lumbar surgery." The patient is status post L4-5 ALIF/PSIF as shown in radiological study dated 02/21/14, and presents with persistent pain in the lower back and radiating leg pain. Physical exams per treater report dated 05/14/14 show sensory and motor neurologic deficits. The request is indicated by ODG guidelines. Recommendation is for approval.