

<b>Case Number:</b>	CM14-0212125		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female with date of injury 3/9/11. The treating physician report dated 11/14/14 (25) indicates that the patient presents with pain affecting the low back. The patient describes the low back pain as constant and severe that radiates into her left lower extremity with numbness and tingling to her feet. The physical examination findings reveal a restricted range of motion of the lumbar spine and paravertebral muscle spasm bilaterally. Valsalva, and Mailgram's test were positive bilaterally and Braggard's was positive on the left. Further examination reveals sensory evaluation decreased over the left anterior and posterior leg. Prior treatment history includes an MRI of the lumbar spine (1/27/13), an EMG/NCV of the lumbar spine (6/26/12), a TENS unit, facet block injections, and prescribed medications. MRI findings reveal hemangioma at L2 vertebral body, disc desiccation at L2-3 down to L5-S1, L5-S1 disc herniation of 1.3mm in neutral, flexion, and 2.7 mm in extension, which causes bilateral neuroforaminal narrowing as well as spinal canal narrowing. The current diagnoses are: 1. Lumbar spine herniated nucleus pulposus; 2. Rule out cauda equine syndrome; 3. Secondary sleep deprivation; 4. Secondary stress, anxiety, and depression; 5. Gastritis secondary to medications and 6. Abnormal weight gain. The utilization review report dated 11/20/14 (15) denied the request for An MRI of the lumbar spine with flexion/extension based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the lumbar spine with flexion/extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), page 53

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation down left lower extremity. The current request is for An MRI of the lumbar spine with flexion/extension. Reports provided show the patient received an MRI of the lumbar spine on 1/27/13 (27). The treating physician report dated 11/14/14 (30) notes that the request for an MRI of the lumbar spine is to rule out cauda equine syndrome. It is further noted that the patient is experiencing new symptoms of loss of bowel control. The ODG guidelines states: "Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the physician is requesting a repeat MRI of the lumbar spine with flexion/extension in order to rule out a possible serious new injury. Furthermore, it is noted that the patient is presenting with new symptoms of loss of bowel control, which could be symptomatic of cauda equine syndrome. The current request satisfies the ODG guidelines for repeat MRIs of the lumbar spine. However, an MRI with flexion and extension is not medically necessary. Current guidelines do not report greater sensitivity with the addition of flexion and extension and the fear is that a false positive would lead to unnecessary and harmful interventions. Additionally, if a caudal equina is suspected, the addition of flexion and extension maneuvers could cause worsening of her spinal cord injury or even paralysis. Therefore, the request is not medically necessary.