

<b>Case Number:</b>	CM14-0036178		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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

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 injured worker is a female patient, who sustained an industrial injury on 06/26/1997. The mechanism of injury was not provided. The injured worker underwent spine surgery at L5-S1, but the specific procedure and date were not provided. The injured worker underwent an MRI of the Lumbar spine on 09/30/2010 with results including a Grade IV anterolisthesis of L4 on L5. The primary treating office visit dated 02/20/2014 reported subjective complaints of worsening pain to low back and thighs described as progressive aching bilaterally to anterior thighs; left leg feels weaker. The subjective complaints revealed the injured worker had progressive aching in the bilateral anterior thighs. The left leg was noted to feel weaker when rising from sitting. The physical examination revealed 4+ strength in the hip flexors and quads and the left quad reflex was absent. Per the radiographic study of 02/13/2014 the injured worker had degenerative grade I anterolisthesis of L3 on L4 and of L4 on L5, which did not change with flexion and/or extension. She is diagnosed with status post L5-S1 surgery 5 years prior; suspect L-4 radiculopathy. The following medications are prescribed; Soma, Prilosec, Nortriptylene, Norco and Hormone patch. The treatment plan included an MRI and EMG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without dye:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI as not routinely recommended, and should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a progressive anterior thigh pain and paresthesia. The injured workers prior MRI in 2010 revealed anterolisthesis of L4 on L5 and did not involve the level of L3 on L4. Per radiologic examination, the injured worker had degenerative grade I anterolisthesis of L3 on L4 and of L4 on L5, which did not change with flexion and/or extension. The injured workers progressive symptoms were noted in the documentation. The injured worker had progressive findings on radiographs, which would support the necessity for and MRI. Given the above, the request for MRI of the lumbar spine, without dye, is medically necessary.