

<b>Case Number:</b>	CM14-0088273		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male patient, who sustained an industrial injury on 01-20-2006. The diagnoses include post lumbar fusion syndrome; and stenosis to adjacent level. Per the progress report from the treating physician, dated 04-15-2014, he had complaints of low back and leg pain; he was given a trial of return to work; however, he was unable to. The physical examination revealed spasms of the back; decreased lumbar range of motion; and straight leg raising test positive bilaterally; 5/5 strength in ankle dorsi, plantar flexors, Quadriceps and iliopsoas. Medications have included Norco, Motrin, and Prilosec. The provider noted that the patient was interested in having surgery; the "surgery would be an extension of the decompression and fusion to L3-4"; and an MRI is needed "to ensure there is no additional pathology other than stenosis at L3-4". Per the note dated 4/15/14, patient has had lumbar spine MRI more than one year ago. This MRI report is not specified in the records provided. He has undergone lumbar fusion surgery. Date and report of this surgery was not specified in the records provided. Per the note dated 1/11/2014, patient has had lumbar epidural steroid injection, which helped tremendously. The treatment plan has included the request for 1 Magnetic Resonance Imaging (MRI) of the lumbar spine, with and without contrast. The original utilization review, dated 05- 29-2014, non-certified the request for 1 Magnetic Resonance Imaging (MRI) of the lumbar spine, with and without contrast.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Magnetic Resonance Imaging (MRI) of the lumbar spine, with and without contrast:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back pain..

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15)MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM low back guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Per the note dated 4/15/14, patient has had lumbar spine MRI more than one year ago. This MRI report is not specified in the records provided. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. An electrodiagnostic study with abnormal findings is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Rationale for MRI with contrast is not specified in the records provided. The medical necessity of 1 Magnetic Resonance Imaging (MRI) of the lumbar spine, with and without contrast is not medically necessary for this patient at this juncture.