

<b>Case Number:</b>	CM15-0010400		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Arizona, 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 7/23/2004 when he jumped out of a flatbed truck, landed on some uneven ground and reported back pain. The diagnoses have included thoracic spine trauma, lumbar spine trauma, low back pain and myelopathy. Treatment to date has included multiple lumbar spine surgeries, activity modification, epidural steroid injections, (ESI), physical therapy, home exercise program, bone stimulator unit and medications. He underwent an L4-S1 posterolateral fusion on 10/01/2007 and exploration of lumbar fusion with L3-4 laminectomy, discectomy, partial medical facetectomy and microscopic nerve root dissection on 7/14/2008. He had a left total hip arthroplasty on 4/02/2009. Lumbar magnetic resonance imaging (MRI) dated 3/05/2014 revealed L2-3 based disc bulge and large focal disc protrusion centrally causing severe central and bilateral foraminal stenosis. ESI was performed on 9/09/2014 followed by physical therapy. Currently, the IW complains of low back and left lower extremity pain. Objective findings included tenderness of the lumbar spine, spasm and decreased range of motion. On 12/18/2014, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine noting that there is not documentation of a change in the symptoms or findings to warrant a repeat MRI. The ACOEM Guidelines were cited. On 1/18/2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging (MRI) of the lumbar spine with Gadolinium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine with Gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for additional surgery. The claimant had already undergone a lumbar fusion and expected findings would include tenderness, spasms and decreased range of motion of the lumbar spine. The request for an MRI of the lumbar spine is not medically necessary.