

<b>Case Number:</b>	CM15-0023555		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/28/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47-year-old female who reported an injury on 03/28/2000 due to an unspecified mechanism of injury. On 01/09/2015, she presented for a follow-up evaluation and a recheck of her injection. It was noted that she had received a lumbar epidural steroid injection at the bilateral L5-S1 on 12/09/2014. She stated that her sciatic symptoms had completely resolved, but that the neurological symptoms had not. It was stated that her pain was much reduced after the left L5-S1 selective nerve root block done on 12/09/2014. It was noted that she had undergone an MRI on 11/13/2012 and 11/17/2014. Her medications included Soma, Lidoderm, gabapentin, Neurontin, ibuprofen, and lisinopril. She rated her pain at a 5/10 with a 7/10 being the worst. The physical examination showed left ankle reflex was absent which was noted to be chronic, and strength in the anterior tibialis was rated at a 4/5. There was also some sensory decrease at the L5 and left S1. There were no long tract signs, pulses were present, and straight leg raise was positive on the left. She was diagnosed with lumbar radiculopathy, and lumbar post-laminectomy syndrome. The treatment plan was for an MRI of the lumbar spine with contrast/gadolinium. The rationale for treatment was to assess if there was scar tissue versus a recurrent disc herniation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine with contrast/gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery as an option. The documentation provided does show that the injured worker has signs and symptoms consistent with neurological deficits. However, there is a lack of documentation regarding the injured worker's condition at the time of the previous MRI that was taken on 11/17/2014 to show that she has had a significant change in symptoms that would support the request for additional imaging studies. Also, there was a lack of documentation showing that the injured worker has tried and failed recommended conservative treatment such as physical therapy to support the request. Also, a clear rationale was not provided for the medical necessity of an MRI of the lumbar spine with contrast and gadolinium. Without this information, the request would not be supported. Therefore, the request is not medically necessary.