

<b>Case Number:</b>	CM15-0099873		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/08/1993
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

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 was a 72 year old female, who sustained an industrial injury, June 8, 1993. The injured worker previously received the following treatments Coumadin, Lovenox, Tylenol, Valium, Lortab, lumbar spine MRI and lower back surgery in January 1987. The injured worker was diagnosed with lumbar spondylosis with probable foraminal and lateral stenosis, lumbar spondylosis with stenosis and radiculopathy, lumbar radiculopathy neck pain, cervical radiculitis/mild radiculopathy and pulmonary embolism and arthroscopy of the shoulder. According to progress note of February 5, 2015, the injured workers chief complaint was neck and back pain. The injured worker was complaining of worsening weakness. The physical exam noted the injured worker stood with a mildly flexed forward posture. The injured worker had altered sensation over the left thigh. The injured worker had 4 out of 5 weaknesses of the bilateral hips flexor and knee extensors. The treatment plan included a MRI of the lumbar spine without contrast due to foraminal stenosis could be managed in a variety of ways.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast for the lumbar spine:** Overturned

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

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1993. When seen, he was complaining of worsening weakness. Physical examination findings included a normal BMI. There was decreased hip and knee strength bilaterally. Prior treatments had included two lumbar spine surgeries with the second done in 1987. Prior testing had included an MRI scan in January 2009 disc desiccation with mild canal stenosis at L2 and three and moderate stenosis at L3-4. There were postoperative left-sided findings at L4-5 and L5-S1. Guidelines indicate that a repeat MRI I should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, In this case, the claimant has findings of progressive weakness not present in 2012 and not explained by the MRI scan in 2009. There is been a change in his neurologic condition and therefore, a repeat MRI scan is medically necessary.