

<b>Case Number:</b>	CM14-0146519		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 case involves a 40-year-old female with a 5/8/07 date of injury, when she was pulling a pallet jack with a very heavy load and sustained injuries to her lower back and the right lower extremity. The patient underwent right knee arthroscopy on 4/4/14. The patient was seen on 6/30/14 with complaints of constant low back pain radiating to the lower extremities associated with numbness, tingling and weakness. The patient was scheduled to be seen by the spinal surgery consultant in early August. Exam findings revealed full range of motion of the right knee, negative McMurray test and no ligamentous instability. The examination of the lumbosacral spine revealed tenderness at the lumbosacral junction and bilateral flank regions with restricted range of motion, tenderness of the sciatic nerves and paresthesias in the distribution area of the bilateral L4/L5/S1. There was also weakness noted at the extensor hallucis longus bilaterally of 4/5+. The diagnosis is lumbar radiculopathy, status post right arthroscopic surgery and leg pain. MRI of the lumbar spine dated 6/20/12 (the radiology report was not available for the review) revealed straightening of the lumbar curvature; hemangioma at T12; Schmorl's node at L4/L5 and L5/S1; disc hydration at L4/L5 and L5/S1; and 2.7 mm disc protrusions at L4/L5 and L5/S1. Treatment to date includes physical therapy, work restrictions, medications. An adverse determination was received on 8/27/14 given that the patient's findings correlated well with the prior MRI results.

### 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 without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for Imaging--Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient's MRI of the lumbar spine dated 6/20/12, revealed straightening of the lumbar curvature; hemangioma at T12; Schmorl's node at L4/L5 and L5/S1; disc hydration at L4/L5 and L5/S1; and 2.7 mm disc protrusions at L4/L5 and L5/S1. The physical examination revealed symptoms that correlated with the MRI findings. There is a lack of documentation indicating that the patient underwent new trauma to the lumbar spine or that the patient had a new red flag diagnoses in the lumbar spine region. In addition, the radiographs of the lumbar spine were not available for the review. Therefore, the request for MRI of the lumbar spine without dye was not medically necessary.