

<b>Case Number:</b>	CM14-0156403		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 51-year-old male with a date of injury of 02/01/2007. The listed diagnoses per [REDACTED] are status post L3 to S1 spinal fusion, low back pain with right lower extremity radiculopathy and incontinence. According to progress report 08/20/2014, the patient complains of low back pain and right leg radiculopathy. Treater states that the last CT showed successful fusion from L2 to S1. Examination revealed bilateral upper extremity motor strength is 5/5. He is intact to light touch along all dermatomes. The treater recommends additional studies including CT and MRI of the lumbar spine. Progress report 08/05/2014 has the same examination results from report 08/20/2014. This is a request for an MRI of the lumbar spine with and without contrast. Utilization review denied the request on 09/03/2014. Treatment reports from 04/28/2014 through 08/22/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine with and without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Low back chapter, MRI's (magnetic resonance imaging)

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

**Decision rationale:** This patient is status post L3 to S1 post-posterior lateral fusion on 12/20/2013. The treater is requesting a magnetic resonance imaging (MRI) of the lumbar spine with and without contrast. Utilization review denied the request stating that clinical findings on examination are not consistent with an objective focal neurologic deficits. For special diagnostics, American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Official Disability Guidelines (ODG) under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The treating physician states that he is requesting an MRI of the lumbar spine as the patient continues with radicular symptoms that are no better than before surgery. He would like to rule out possible causes such as stenosis and infection. The patient has not has an MRI following his lumbar fusion in 2013. In this case, MRI may be reasonable for post-operative evaluation. Given the patient's continued pain and treater's concern for stenosis or other causes of persistent pain, the request for treatment is medically necessary and appropriate.