

<b>Case Number:</b>	CM13-0040700		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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 48-year-old female who reported injury on 11/22/1996. The mechanism of injury was not provided. The patient was noted to have a sharp and aching pain. The patient was noted to have tenderness in the right and left lumbar paravertebral regions at L4-5 and L5-S1. The straight leg raise was noted to be negative bilaterally. The patient's motor strength was noted to be 5/5 in both lower extremities and reflexes were noted to be 2+ and equal in the right and left lower extremities. Babinski's were noted to be down-going. The patient was previously noted to have an MRI in 12/2011. The diagnoses were noted to include lumbar disc disorder and herniation disc lumbar. The request was made for an MRI of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Chapter, MRI, Online Version.

**Decision rationale:** Official Disability Guidelines do not recommend repeat MRI's unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The

patient was noted to have a sharp and aching pain. The patient was noted to have tenderness in the right and left lumbar paravertebral regions at L4-5 and L5-S1. The straight leg raise was noted to be negative bilaterally. The patient's motor strength was noted to be 5/5 in both lower extremities and reflexes were noted to be 2+ and equal in the right and left lower extremities. Babinski's were noted to be down-going. The clinical documentation submitted for review failed to provide the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the lumbar spine without contrast is not medically necessary.