

<b>Case Number:</b>	CM13-0047944		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation 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 31-year-old female who reported a work related injury on 09/28/2010, as a result of strain to the lumbar spine. A clinical note dated 10/08/2013 reports that the patient was seen in clinic under the care of [REDACTED]. Upon physical exam of the patient, the provider documents tenderness about the lumbar spine. Lumbar range of motion percentages of normal were indicated as follows: 60% of flexion, 50% extension, bilateral lateral tilt 40%, lower extremities neurological evaluation essentially unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient repeat MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** The current request is not supported. The provider documents a recommendation for the patient to undergo a repeat MRI of the lumbar spine as per an evaluation in April 2013. Previous peer reviews document the patient underwent an MRI of the lumbar spine on 06/24/2011; the official imaging report was not submitted for review. Clinical notes

failed to document the patient presents with any progressive motor, neurological, or sensory deficits to support the requested repeat imaging study at this point in her treatment. As the ACOEM guidelines indicate when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally, the Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Given all the above, the request for a repeat MRI of the lumbar spine is not medically necessary or appropriate at this time.