

<b>Case Number:</b>	CM13-0048436		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 injured worker is a 62-year old gentleman with a date of injury of 8/28/13. Mechanism of injury to the back was constant lifting of 40-pound die case chambers. The patient was diagnosed with lumbar strain and radiculopathy to the right leg. Prior to the date of injury in 2013, the patient had a back injury in 2006 and at that time, an MRI was done. The patient reportedly recovered from this injury, but now has radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the lumbar spine without contrasts: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-56, 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI .

**Decision rationale:** Guidelines do support use of MRI in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for red

flags such as cauda equina, tumor, fracture or infection, and it is the test of choice in patients with prior back surgery. MRI is not indicated in acute radicular syndromes in the first 6 weeks and not recommended for non-specific back pain prior to 3 months of conservative modalities. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient had an MRI in 2006, prior to this 2013 injury. Though there were positive findings on that MRI, the patient is noted to have recovered from that injury with resolution of symptoms. The patient now presents in 2013 with lumbar radiculopathy symptoms that have persisted despite conservative care. Given that prior to 2013 the symptoms resolved, and now the patient has radicular symptoms, the MRI of the lumbar spine is medically necessary.