

<b>Case Number:</b>	CM13-0052785		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 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 56 year old female who reported injury on 06/30/2008. The mechanism of injury was not provided. The patient was noted to have lumbar spine pain of 5/10 to 9/10 that was intermittent and right sided thigh pain that was intermittent and the pain level was 5/10 to 7/10. The patient was noted to have muscle spasm that radiates from the cervical spine down into the inner scapular region. The range of motion of the lumbar spine was limited due to pain, but positive on extension and range of motion. The Kemp's test was noted to be positive on the lumbar spine at the joint line between L5 and the sacrum. The patient's diagnoses were noted to include lumbar spine L4-5, L5-S1 facet arthropathy, positive per x-ray, L5 disc bulges, positive per MRI of 11/21/2008, and L5 foraminal stenosis positive per MRI of 11/21/2008. 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 of Lumbar Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition.

**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, MRIs.

**Decision rationale:** The Official Disability Guidelines do not recommend a repeat MRI unless the patient has a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of documentation indicating the rationale for a repeat MRI and there was a lack of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for an MRI of lumbar spine without contrast is not medically necessary.