

<b>Case Number:</b>	CM13-0059098		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 38 year old male who reported an injury to his low back as a result of repetitive motion injury on 11/19/11. A clinical note dated 11/08/13 indicated the injured worker undergoing MRI of the lumbar spine on 01/20/12 which revealed disc herniation at L3-4 compressing the encroaching neural foramen, left greater than right. Agreed medical evaluation dated 08/21/13 indicated the injured worker complaining of pain at several sites including bilateral shoulders, elbows, wrists, knees, hips, and low back. Right nerve root impingement was also identified. An L5-S1 disc herniation was identified with left nerve root impingement. A disc protrusion was identified at L2-3 effacing ventral sac and narrowing right lateral recess. A clinical note dated 12/05/13 indicated the injured worker continuing with lumbosacral pain radiating to the right lower extremity. The injured worker also had reported numbness and tingling and cold type sensation. Prolonged standing and walking was identified as exacerbating the symptoms. The injured worker also reported numbness and tingling in the groin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LUMBAR MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** Clinical documentation indicates the injured worker complaining of ongoing low back pain. Repeat MRI of the lumbar spine is indicated provided the injured worker meets specific criteria, including significant changes involving symptoms or significant pathology identified by clinical evaluation. No information was submitted regarding significant changes in relation to previous MRI of the lumbar spine. No significant pathology has been identified by clinical evaluation. Given this, the request is not indicated as medically necessary.