

<b>Case Number:</b>	CM13-0066765		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery 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:

This 57-year-old claimant has a date of injury of November 1, 2007. She has been treated for low back pain and leg pain. There is concern over radiculopathy, and at the November 19, 2013 office visit, there are findings of neurologic deficits in the bilateral lower extremities with decreased sensation in left L4 and L5, right L5, decreased strength left tibialis anterior, and bilateral plantar flexion. An updated MRI was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP: 18TH EDITION; 2013 UPDATES: CHAPTER LOW BACK: REPEAT MRI IN GUIDELINES FOR MRI.

**Decision rationale:** Repeat lumbar MRI would not be considered medically necessary or appropriate based upon the Official Disability Guidelines. Official Disability Guidelines recommend a repeat MRI only if there is significant change in the neurologic examination. In

this case, there is no documentation of any new neurologic findings. Therefore, a repeat MRI is not medically necessary and appropriate.