

<b>Case Number:</b>	CM13-0072629		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 51-year-old female injured her low back in a work related accident on June 11, 2009. Since the time of injury, the claimant was treated surgically on June 20, 2010 with an L5-S1 fusion followed by another surgical procedure done in August of 2013 which was inclusive of inspection of the fusion and hardware removal. The clinical progress report of December 17, 2013 indicates residual low back complaints with objective findings showing pain with flexion and extension. There is not however any documentation of objective motor, sensory, or reflexive change to the lower extremities. Given the claimant's clinical presentation, a repeat MRI of the lumbar spine was recommended to further assess the claimant's residual low back complaints. It was also recommended that she continue with medication management and home exercises. Since the surgery of August 2013 there is no documentation of any additional imaging for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - MRIs (magnetic resonance imaging)

**Decision rationale:** California MTUS ACOEM Guidelines and Official Disability Guideline criteria in regards to repeat MRI scans, states that they are typically reserved for significant change in symptoms or findings suggestive of significant pathology. The claimant's clinical presentation, while demonstrating residual low back complaints following surgery, is not consistent with an acute radicular finding. Given the claimant's surgical history including recent history of hardware removal, and the absence of postoperative plain film radiographs, a medical necessity for the requested MRI scan is not established, particularly in the absence of radicular findings.