

<b>Case Number:</b>	CM14-0004019		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine, has a subspecialty in Interventional Spine, 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 53 year-old female who was injured on 11/27/07. She has been diagnosed with status post (s/p) C3 to C6 hybrid reconstruction on 7/13/2012; lumbar discopathy; internal derangement of right knee; bilateral shoulder pain; bilateral CTS; left knee internal derangement secondary to persistent pain; s/p left foot 4th and 5th phalanx fracture as compensable consequence to low back pain. According to the 6/18/13 spinal orthopedic report from [REDACTED], the patient presents with neck pain and headaches with tingling in the arms. She also has low back pain with radicular symptoms and is awaiting the MRI. Exam shows dysesthesia L5 and S1 dermatomes, seated nerve root tests are positive.

### 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, WITH AND WITHOUT CONTRAST, WITH IV SEDATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 LOW BACK COMPLAINTS, 287

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)  
, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS,

**Decision rationale:** According to the 6/18/13 spinal orthopedic report from the treating provider, the employee presents with neck pain and headaches with tingling in the arms. The employee also has low back pain with radicular symptoms and is awaiting the MRI. Exam shows dysesthesia L5 and S1 dermatomes, seated nerve root tests are positive. I have been asked to review for a lumbar MRI. The 1/22/13 P&S report from the treating provider, makes note of a prior lumbar MRI. The MRI requested from 6/18/13 is a repeat study. The MTUS/ACOEM do not discuss repeat MRIs, so the ODG guidelines were consulted. The ODG states: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." There is no change in the employee's symptoms since the P&S report. The 4/23/13 report from the treating provider states the lumbar exam is unchanged. The next available report from the treating provider is 6/18/13. The repeat MRI of the lumbar spine without a significant change in symptoms, is not in accordance with ODG guidelines.