

<b>Case Number:</b>	CM14-0004474		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 is a 70-year-old gentleman who was injured on 02/10/11. Records indicate an injury to the low back. A 12/19/13 follow up indicated ongoing low back complaints for which reviewed was a May 2013 MR scan showing facet changes and degenerative disc desiccation at L3-4 through L5-S1. Objectively, there was noted to be tenderness along the lumbar paraspinal muscles with pain to the facets and pain with facet loading. Physical exam did not document neurologic findings or change in claimant's clinical symptoms. The claimant was referred at that time for repeat MRI scan as well as further electrodiagnostic testing. There was not indication of other physical findings noted. An 11/21/13 and 11/01/13 physical examination also did not indicate motor, sensory or reflexive change to the claimant's lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REQUEST FOR REPEAT MRI OF LUMBAR SPINE IS DENIED BY PHYSICIAN ADVISOR: 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), LOW BACK CHAPTER, INDICATIONS FOR IMAGING, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California ACOEM Guidelines, an MRI of the lumbar spine would not be indicated. This individual recently had an MRI scan performed in May 2013 with recent physical examination showing no evidence of neurologic findings or acute radicular findings. Guidelines would not support the role of MRI scans without unequivocal objective findings that identify nerve compromise on neurologic examination. Given documentation of recent imaging and no significant change in physical examination findings with any documented radiculopathy, the MRI scan requested would not be supported. Therefore, the request is not medically necessary.