

<b>Case Number:</b>	CM14-0009194		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient with a date of injury of 9/25/08. A utilization review determination dated 1/8/14 recommends non-certification of a repeat lumbar MRI (magnetic resonance imaging). The 1/20/14 medical report identifies back pain radiating down both legs. Pain level and location of pain is unchanged. On exam, there is limited lumbar ROM with tenderness and positive facet loading. Straight leg raise is positive on the left and FABER (Flexion, Abduction, External Rotation, and Extension) is positive. Light touch sensation is decreased over L4, L5, and S1 distribution on the left side. MRI was recommended due to persistent pain and medial branch blocks were also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT LUMBAR SPINE MAGNETIC RESONANCE IMAGING (MRI): 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) Low Back Chapter, MRIs

**Decision rationale:** Regarding the request for repeat lumbar MRI (magnetic resonance imaging), the California MTUS does not specifically address repeat MRIs. The Official Disability Guidelines (ODG) notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is persistent pain, but there is no indication of any significant change in symptoms and/or findings suggestive of significant pathology for which an updated MRI would be indicated. In light of the above issues, the currently requested repeat lumbar MRI is not medically necessary.