

<b>Case Number:</b>	CM14-0132875		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 62-year-old female with a 5/28/13 date of injury. At the time (8/1/14) of request for authorization for Repeat Magnetic Resonance Imaging (MRI) to The Lumbar Spine without Dye, there is documentation of subjective (low back pain radiating to both legs with numbness in the right calf area and right foot) and objective (tenderness to palpation over the lumbar paravertebral muscles with spasms and trigger points from L4-S1, decreased lumbar range of motion, positive straight leg raise test, and diminished sensation over the soles of the feet and toes) findings, imaging findings (MRI of the lumbar spine (8/31/13) report revealed disc dessication at the L1-L5 levels with a 2 mm right posterior lateral disc protrusion encroaching into the right subarticular gutter at L4-L5), current diagnoses (lumbar sprain/strain and lumbar radiculopathy), and treatment to date (activity modification, physical therapy, and medications). In addition, medical report identifies a request for lumbar MRI as the patient may be a surgical candidate. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Magnetic Resonance Imaging (MRI) to The Lumbar Spine without Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain and lumbar radiculopathy. In addition, there is documentation of a prior MRI of the lumbar spine performed on 8/31/13. However, despite documentation of subjective findings (low back pain radiating to both legs with numbness in the right calf area and right foot), objective findings (tenderness to palpation over the lumbar paravertebral muscles with spasms and trigger points from L4-S1, decreased lumbar range of motion, positive straight leg raise test, and diminished sensation over the soles of the feet and toes), and a request for lumbar MRI as the patient may be a surgical candidate, there is no (clear) documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Repeat Magnetic Resonance Imaging (MRI) to The Lumbar Spine without Dye is not medically necessary.