

<b>Case Number:</b>	CM14-0155989		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on May 6, 2013 and, according to the primary treating physician's progress report of January 21, 2014, is diagnosed with lumbar radiculopathy, thoracic spine/strain, and chronic right S1 radiculopathy. MRI showed disc bulges at several levels. MRI of the thoracic spine was normal. EMG/nerve conduction studies indicated chronic right S1 radiculopathy. On August 11, 2014, request was made for MRI of thoracic spine and lumbar spine and EMG/NCV of right lower extremity. According to the progress note on that date, the worker was complaining of significant complaints after a day's work and had tenderness to palpation of the thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Online ed. Chapter: Neck & Upper Back, Magnetic resonance imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: MRIs

**Decision rationale:** According to the Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The medical documentation does not indicate that there was significant change in symptoms and/or findings suggestive of significant pathology since a previous MRI of the lumbar spine. Therefore, there is no medical necessity for this MRI.