

<b>Case Number:</b>	CM14-0162454		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in Ohio and Texas. 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:

The injured worker is a 43-year-old female with a reported injury on 05/11/2009. The mechanism of injury was due to lifting. The injured worker's diagnoses included right knee strain, cervical spine/lumbar spine strain with radicular complaints. The injured worker's past treatments included physical therapy and medications. Her diagnostic testing included an MRI of the right knee on 04/07/2011. It was noted to revealed synovial effusion. There were no relevant surgeries documented. On 08/04/2014, the injured worker reported an exacerbation of her back pain, radiating her pain 9/10 despite her medication. Upon physical examination, she was noted with an antalgic gait, a positive straight leg raise bilaterally with decreased sensation over the L5-S1 distribution. The injured worker's medications included Norco, baclofen, Omeprazole, Ambien, Effexor, Promitel, Quva, and Claritin. The request was for an MRI of the lumbar spine without contrast. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**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, MRIs.

**Decision rationale:** The request for MRI without contrast, lumbar spine is not medically necessary. The Official Disability Guidelines may recommend MRIs for patients with prior back surgery, for uncomplicated low back pain, with radiculopathy, and not recommended until after at least 1 month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology like tumor, infection, fracture, neural compression, and recurrent disc herniation. The injured worker underwent an MRI to her neck and lumbar spine in 2011. It was noted to reveal herniated disc and a sprained cervical spine. She was note to have completed physical therapy, and continues on a medication regimen. Upon physical examination, the injured worker was noted to have positive straight leg raise bilaterally with decreased sensation over the L5-S1 distribution. Although the injured worker is documented with neurological deficits, there was no documented evidence of progressive neurological deficits. The previous MRI report for the lumbar spine was not provided to support the findings that were documented to determine that there are no new findings suggestive of pathology that does not correlate with the previously performed MRI. In the absence of documentation with sufficient evidence of progressive neurological deficits, the previous MRI report for the lumbar spine, and documented evidence of new findings suggestive of pathology that does not correlate with the previously performed MRI, the request is not supported. Therefore, the request is not medically necessary.