

<b>Case Number:</b>	CM14-0025837		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 46-year-old male who reported an injury on 04/20/2013. The mechanism of injury was not stated. The current diagnoses include lumbar disc herniation with radiculopathy and cervical stenosis with radiculopathy. The injured worker was evaluated on 02/07/2014 with complaints of persistent lower back pain with radiation into the right lower extremity. It is noted that the injured worker was pending authorization for a right L5-S1 selective nerve root block. Physical examination on that date revealed 4/5 weakness in the right bicep, diminished sensation to light touch in the right forearm, moderate discomfort to palpation of the mid cervical spine and 20 degree cervical rotation. Treatment recommendations at that time included a repeat MRI of the lumbar spine to evaluate disc herniation at L5-S1 on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MRI BILATERAL LUMBAR SPINE:** 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), Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. Official disability guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. There was no physical examination of the lumbar spine provided for this review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also no mention of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat MRI at this time. As the medical necessity has not been established, the request is non-certified.