

<b>Case Number:</b>	CM14-0036262		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/04/2005
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Mississippi. 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 50 year-old female who was reportedly injured on May 4, 2005. The mechanism of injury was not disclosed. The most recent progress note dated February 10, 2014, indicated a complaint of lower back pain (LBP) and weakness in the legs. The physical examination demonstrated decreased ROM of the lumbar spine with spasm, decreased sensation at L4-L5, and decreased motor findings at L4-L5 of the bilateral lower extremities. Diagnostic imaging included a previous MRI of the lumbar spine. Lumbar spine x-rays were noted that demonstrated degenerative joint disease at L4-L5, a prior laminectomy and fusion at the L4-L5 level and what appeared to be a right paracentral disc protrusion with right L5 foraminal stenosis. Electrodiagnostic studies have also previously been provided, the results of which were not disclosed. Prior treatment has included pharmacotherapy including non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants, physical therapy, epidural steroid injections, Transcutaneous Electrical Nerve Stimulation (TENS) unit, lumbosacral corset, and Aqua therapy, though these dates back to 2005. Prior progress note reviewed, dating back several years, with no reference of a change in symptomatology. The diagnoses include lumbar sprain, lumbosacral disc degeneration, and lumbar disc displacement. The treatment plan was for an MRI of the lumbar spine to rule out stenosis of the lumbar spine. A prior request for an MRI of the lumbar spine was not certified in the pre-authorization process on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.acoempracguidelines.org/lowback](http://www.acoempracguidelines.org/lowback).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** California guidelines support repeat MRI imaging in select clinical settings where red flags have been identified or a significant change in symptoms were noted suggestive of significant pathology. The record indicated an injury that dated back to 2005. A notation was made that the claimant had an MRI and EMG/NCV studies, but the date of these prior studies were not noted. Additionally, the record provided no documentation of the claimant's baseline, nor was there a notation of a change in symptomatology or physical examination findings to warrant a repeat MRI. In the absence of such documentation, there would be no guideline support for repeat MRI of the lumbar spine. As such, this request is not recommended. The request for MRI of the Lumbar Spine is not medically necessary and appropriate.