

<b>Case Number:</b>	CM14-0054441		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 36-year-old with a reported date of injury of 06/28/2000. The mechanism of injury was not provided. His diagnosis was noted to include sciatica, spondylosis without myelopathy of the lumbar spine, and radiculitis. An MRI of the lumbar spine performed on 01/23/2008 was noted to reveal central disc protrusion with caudal extrusion of disc material demonstrated at L5-S1 with compression on both S1 nerve roots. The clinical note dated 03/28/2014 noted the injured worker had subjective complaints of back pain with radiating pain in the left lower extremity to the shin and heel. This pain was noted to be associated with numbness and tingling and was rated 3/10 to 7/10. Prior treatments included physical and chiropractic treatments. Medication use include Tylenol and Advil which improved the injured workers pain by 50%. On physical examination of the lumbar spine, it was noted that the injured worker had a non-analgesic gait. It was noted that that range of motion was restricted due to pain. There was tenderness to palpation to the paraspinal and SI joint. Reflexes were 5/5 s throughout except for the patellar reflex which was 2/4 and the Achilles reflexes which were 1/4 bilaterally. Sensation was intact to light touch except at the lateral and posterior left thigh, leg, foot, and heel. The straight leg raise was positive on the left causing leg pain that radiated into the foot. It was noted under the treatment plan at that time, since his overall symptoms were noted to be worsening, the physician was requesting a repeat MRI of the lumbar spine to rule out any possibility of worsening herniated disc. A Request for Authorization form for an MRI of the lumbar spine was submitted on 03/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines second edition 2004 - Chapter 12 303-305.

**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 (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for significant changed symptoms and/or findings suggestive of significant pathology. There was a lack of documentation submitted for review showing the injured worker had had a significant change in symptomatology and/or clinical examination findings that would warrant the need for an additional MRI. It was noted within the documentation that the injured worker had a previous MRI which showed compression at the bilateral S1 nerve roots, which is consistent with the injured worker's current symptomatology and clinical examination findings. Therefore, the request for a MRI Lumbar Spine is not medically necessary and appropriate.