

<b>Case Number:</b>	CM14-0055830		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/12/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45 years old male with an injury date on 06/12/2006. Based on the 04/09/14 progress report provided by [REDACTED], the diagnoses are Lumbago; Lumbar disc displacement - multilevel disc herniation mainly L4-5 by MRI; Lumbrosacral neuritis left; Post laminect synd- lumbar; Depression; and Cauda equine synd NOS. According to this report, the patient complains of back pain radiating to the posterior thigh. The patient's pain level is at 5-6/10 and medications provide about 50% decrease in pain. Lumbar ROM decreased in extension and left lateral flexion. Moderate tenderness with spasms was noted throughout the lumbosacral region. Light touch and pinprick sensation in the posterior lower extremities was decrease. Positive straight leg raising, Patrick's, Faber's and Gaenslen's tests on the right. Prior MRI of the LS spine reveals fairly large based posterior and left paracentral foraminal herniation with inferior migration of the L4-5 disc with moderate narrowing on the canal and foraminal, broad based posterior herniation of the discs at L5-S 1 , L2-3 and L3-4 (left greater than right) with central and bilateral neural foraminal narrowing, generalized facet arthropathy. There were no other significant findings noted on this report. [REDACTED] is requesting a MRI of the lumbar spine without contrast. The utilization review denied the request on 04/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/23/2013 to 04/09/2014

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** According to the 04/09/14 report by [REDACTED] this patient presents with back pain radiating to the posterior thigh. The treating physician is requesting a repeat MRI of the lumbar spine without contrast. The UR denial letter state Neurologic progression was not noted to indicate the need for a repeat lumbar MRI. Regarding MRI, the Official Disability Guidelines (ODG) state repeat MRI's are indicated only if there has been progression of neurologic deficit. Review of the reports from 10/23/2013 to 04/09/2014 shows the patient is stable and remains unchanged. There is no discussion provided as to why the patient needs a repeat MRI of the lumbar spine when there are no progression of neurologic deficit and no new injury. In this case, the request for a MRI of the lumbar spine without contrast is not medically necessary and appropriate.