

<b>Case Number:</b>	CM14-0059279		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and is licensed to practice in Texas and Ohio. 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 51 year old male who reported an injury on 05/11/2012 due to attempting to lift a dye press. The injured worker complained of lower back and left leg pain of an unspecified amount and diagnosed with disc herniation. A lumbar spine MRI was performed on 12/27/2013 noting a 2 mm broad-based posterior protrusion indenting the anterior aspect of the thecal sac at L3-L4. Also, noted was a broad-based herniated disc encroaching on both neural foramina with moderately significant narrowing of both neural foramina at L4-L5. Finally, there were mild hypertrophic changes at the facet joints of L5-S1 bilaterally along with mild narrowing of both neural foramina. The injured worker has not been cleared for duty and was prescribed Naproxen for pain and inflammation. Documentation failed to reveal initiation of conservative care and based upon the age of the last lumbar spine MRI, the physician is requesting another to determine the degree of change since the last image taken. The request for authorization was signed and dated on 02/20/2014 and submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast 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 Official Disability Guidelines (ODG).

**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:** CA MTUS offers no guidelines for a repeat MRI. However, under ODG, it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The physician has not reported any significant change in symptoms or pathology. As such, the request is not medically necessary.