

<b>Case Number:</b>	CM14-0082348		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/28/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, and is licensed to practice in Nevada. 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 58-year-old female who was reportedly injured on November 28, 1996. The mechanism of injury is noted as an assault. The most recent progress note dated March 27, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Vicodin, Tylenol #3, Cymbalta, simvastatin, Advil, Ambien and coenzyme every 10. The physical examination demonstrated tenderness over the lumbar spine paravertebral muscles. There was decreased range of motion secondary to pain. There was a positive straight leg raise test on the right side at 50 and decreased sensation diffusely throughout the right lower extremity. Diagnostic imaging studies of the lumbar spine show disc bulging at L3 - L4 and L4 - L5. Prior treatment includes epidural steroid injections and oral medications. A request had been made for an magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**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 - Lumbar and Thoracic, Magnetic Resonance Imaging, Updated August 22, 2014.

**Decision rationale:** A review of the medical records indicates that the injured employee has had a previous magnetic resonance image (MRI) the lumbar spine on November 11, 2008. Recent progress notes do not indicate any significant changes of the injured employees symptoms or physical examination findings to warrant a repeat MRI the lumbar spine. As such, this request for a repeat MRI of lumbar spine is not medically necessary.