

<b>Case Number:</b>	CM14-0088429		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 records presented for review indicate that this 31-year-old female was reportedly injured on June 3, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. Pain is rated at 10/10 without medications and 7/10 with medications. The physical examination demonstrated decreased cervical spine range of motion secondary to pain. There was decreased sensation bilaterally in the upper extremities although it is not stated where. The physical examination of the lumbar spine noted tenderness and spasms along the paraspinal muscles. There was decreased lumbar spine range of motion secondary to pain and decreased sensitivity at the bilateral L5 dermatomes. There was a positive bilateral straight leg raise test at 60. Diagnostic imaging studies of the lumbar spine dated February 20, 2012, indicates mild disc desiccation and a broad-based disc bulge at L4 - L5 and L5 - S1. Previous treatment includes physical therapy, activity modification, and oral medications. A request had been made for an MRI 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:

**Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)).

**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, MRI, Updated September 10, 2014. (Electronically sited).

**Decision rationale:** According to the Official Disability Guidelines (ODG) a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. The most recent physical examination for the injured employee is identical to that of a prior examination dated January 16, 2014. Considering this, the request for a repeat MRI of the lumbar spine is not medically necessary.