

<b>Case Number:</b>	CM14-0196413		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 64-year-old male who was injured on 12/18/04 when his neck and back were jarred while operating equipment. He complains of severe neck and low back pain, paresthesia to bilateral arms and upper extremity weakness, pain radiating to lower extremities. On exam, he had cervical tenderness with decreased range of motion, 4/5 weakness of upper extremities, decreased sensation of lateral arms, lumbar tenderness with positive straight leg bilaterally, weakness of lower extremities. A 2010 MRI of lumbar spine showed disc herniation with neural foraminal narrowing at L2-3 and L3-4. He was diagnosed with lumbago, brachial neuritis/radiculitis, cervicalgia, and thoracic/lumbosacral neuritis/radiculitis. His treatment included physical therapy, chiropractic treatments, and acupuncture with minimal improvement. His medications include Celebrex, Dilaudid, Methadone, MS Contin, Neurontin, Prilosec, Tigan, and Zanaflex. The current request is for repeat MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

**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, MRI

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is not medically necessary.