

<b>Case Number:</b>	CM14-0204178		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Practice 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:

This is a 54 year old male patient who sustained an injury on 02/08/2013. He sustained the injury while assisting two coworkers to lift a 500 pound sheet of glass. The current diagnoses include lumbar spine sprain/strain and L4-L5 herniated nucleus pulposus. Per the doctor's note dated 10/17/2014, he had persistent low back pain with right lower extremity radiculitis. Physical examination of the lumbar spine revealed decreased range of motion and positive straight leg raise test. The medications list includes mobic, motrin, tramadol, tizanidine, naproxen and gabapentin. He has had MRI of the lumbar spine dated 04/04/2013, 08/12/2013, and 08/06/2014 which revealed prior lumbar spine surgery with bilateral hemilaminotomies at L3-L4 and L4-L5, as well as right hemilaminotomy at L5-S1, L2-L3 mild spinal canal and mild bilateral L2-L3 neural foraminal stenosis due to 3-4 mm broadbased posterior and bilateral intraforaminal L2-L3 disc protrusion, bilateral L2-L3 facet joint and ligamentum flavum hypertrophy secondary to facet joint arthropathy, L3-L4, mild bilateral L3-L4 neural foraminal stenosis with 4 mm bilateral intraforaminal disc protrusion, L5-S1 5 mm right intraforaminal disc protrusion with mild right neural foraminal stenosis and no evidence of central spinal canal stenosis at the L3-L4, L4-L5 or L5-S1, EMG/NCS dated 08/25/2014 with normal findings. He has undergone lumbar decompression/discectomy on 03/17/2014. He has had physical therapy visits for this injury.

### 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 with gadolinium:** 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 Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Low Back (updated 01/30/15) MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS Guidelines do not address this request for repeat lumbar MRI. Per ODG low back guidelines "Repeat MRI 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)." Patient has already had lumbar spine MRI on 04/04/2013, 08/12/2013, and 08/06/2014 which revealed prior lumbar spine surgery with bilateral hemilaminotomies at L3-L4 and L4-L5, as well as right hemilaminotomy at L5-S1, L2-L3 mild spinal canal and mild bilateral L2-L3 neural foraminal stenosis due to 3-4 mm broadbased posterior and bilateral intraforaminal L2-L3 disc protrusion, bilateral L2-L3 facet joint and ligamentum flavum hypertrophy secondary to fact joint arthropathy, L3-L4, mild bilateral L3-L4 neural foraminal stenosis with 4 mm bilateral intraforaminal disc protrusion, L5-S1 5 mm right intraforaminal disc protrusion with mild right neural foraminal stenosis and no evidence of central spinal canal stenosis at the L3-L4, L4-L5 or L5-S1, EMG/NCS dated 08/25/2014 with normal findings.The clinical status of the patient at the time of the previous MRI on 8/6/2014 and any subsequent significant changes in the patient condition since this imaging study are not specified in the records provided. Patient does not have any progressive neurological deficits that are specified in the records provided. Response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of MRI of the lumbar spine with gadolinium is not established for this patient.