

<b>Case Number:</b>	CM15-0001855		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male who sustained an industrial injury on November 18, 2013. He has reported not being able to stand up and has been diagnosed with sprain/strain lumbar spine, with right lower extremity radiculopathy, and erectile dysfunction. Treatment to date included lumbar epidural steroid injections, physical therapy, medications, and a home exercise program. Currently the injured worker complains of sever back pain, right leg numbness and tingling, and right knee pain with popping. The treatment plan included Magnetic Resonance Imaging (MRI) of the lumbar spine, EMG/NCV of the lower extremities, IF 4 unit for home use, and a referral for an initial functional capacity evaluation. On December 18, 2014 Utilization review non certified repeat MRI body part:lumbar spine, lower extremities noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI body part: lumbar spine, lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** ACOEM Guidelines, Chapter 12, Low back, page 309 discusses indications for lumbar MRI imaging. These guidelines recommend lumbar MRI imaging when there are red flag factors, such as suspected with cauda equina syndrome with suspected infection or suspected fracture or clear change in the patient's neurological examination. The medical records do not document a change in the patient's neurological examination since prior MRI imaging of the lumbar spine. There is no clear rationale or differential diagnosis to support repeat MRI imaging in this case. This request is not medically necessary.