

<b>Case Number:</b>	CM15-0005329		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Arizona  
 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 54-year-old female who reported an injury on 06/08/2012. The mechanism of injury was due to repetitive manipulation of machines. Prior surgeries included bilateral knee arthroscopic surgeries and gall bladder surgery. Prior therapies included physical therapy and an epidural steroid injection. Medications included cyclobenzaprine, meloxicam, and tramadol. The injured worker was noted to undergo an EMG of the left upper extremity. The injured worker was noted to have an MRI from 10/08/2012 which revealed a mild L4-5 disc desiccation with central disc extrusion with caudal migration. This was noted to result in some compression, right greater than left, of the traversing L5 nerve root, as well as the left S1 nerve root more medially. There was mild left L5-S1 lateral recess narrowing. The documentation of 11/18/2014 revealed the injured worker had complaints of neck and radiating left arm numbness. The injured worker's gait was within normal limits. There was midline tenderness to palpation of the lumbar spine. Range of motion was limited in flexion to knees with pain. The injured worker had 5/5 strength in the lower extremities. Sensation was grossly intact at L2-S1. However, there was numbness in the left at S1 and L5 distribution. The injured worker had a negative straight leg raise. The diagnosis included persistent back pain, sciatica/left lumbar radiculopathy, and previous lumbar disc extrusion. The treatment plan included the MRI was almost 2 years old and the request was made for a repeat MRI.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**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 Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI should be reserved for injured workers who have a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to indicate the injured worker had a significant change since the 2012 evaluation. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for MRI of the lumbar spine is not medically necessary.