

<b>Case Number:</b>	CM15-0006775		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/11/1993
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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

Certification(s)/Specialty: Internal Medicine

### 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 72 year old male who sustained a work related injury on November 11, 2993, suffering low back pain with left lower extremity discomfort while working for an airline company. Treatment included analgesics, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and anti-inflammatory medication. Diagnosis made was lumbago and displacement of a lumbar vertebrae disc without myelopathy. Magnetic Resonance Imaging (MRI) showed significant disc desiccation of the lumbar sacral spine. Currently, on December 8, 2014, the injured worker complained of increased low back pain radiating into the right lower extremity. On January 2, 2015, a request for a service of a repeat Magnetic Resonance Imaging (MRI) of the lumbar spine was non-certified, noting the California, MTUS Chronic Pain Medical Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. A certification letter for a previous MRI lumbar spine was dated 5/28/14. The primary treating physician's progress report dated 12/8/14 did not document a new back injury. Progressive neurologic deficit was not documented on physical examination. No evidence of cauda equina, tumor, infection, or fracture was documented. The 12/8/14 physical examination did not demonstrate evidence of significant acute pathology. The request for a repeat lumbar MRI magnetic resonance imaging is not supported by the medical records or MTUS guidelines. Therefore, the request for repeat lumbar MRI is not medically necessary.