

<b>Case Number:</b>	CM15-0107296		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Hawaii  
 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:

This 53 year old female sustained an industrial injury to the low back on 8/30/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a consultation dated 5/4/15, the injured worker complained of low back pain rated 7/10 on the visual analog scale with radiation to the right buttock and numbness of the left thigh. Physical exam was remarkable for marked restricted lumbar spine range of motion, decreased knee jerks, negative straight leg raise and a swollen left knee. The physician noted that magnetic resonance imaging lumbar spine (undated) showed a prior L5 laminectomy with facet arthrosis, moderate to moderately severe narrowing of the left foramen and mild disc bulge. X-rays of the lumbar spine showed marked narrowing of the L5-S1 disc. Current diagnoses included low back pain and degenerative disc disease of the lumbar spine. The physician noted that the magnetic resonance imaging lumbar spine was out of date and that the injured worker was exhibiting new symptoms. The treatment plan included a new lumbar spine magnetic resonance imaging and lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine MRI:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, MRIs.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Lumbar spine MRI. The treating physician states in the report dated 5/4/15, "Lumbar Spine MRI Scan." (17B) The patient received a lumbar MRI on 3/5/14 which showed DDD of L5-S1 with left L5 foraminal narrowing and right L5 stenosis. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that the patient received an MRI and there has not been significant changes in the patient's pain or diagnosis that would warrant a repeat MRI. The current request is not medically necessary.

**Lumbar spine epidural:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Lumbar spine epidural. The treating physician states in the report dated 5/4/15, "Lumbar spine epidural." (17B) The MTUS guidelines state that radiculopathy must be documented and corroborated with diagnostic imaging and the patient must have failed to respond to conservative treatment. An MRI report dated 3/5/14 showed DDD of L5-S1 with left L5 foraminal narrowing and right L5 stenosis. In this case, the treating physician documents that the patient complains of radicular symptoms but this request did not indicate what level the ESI would be performed. The current request is not medically necessary, as there is no specific level requested.