

<b>Case Number:</b>	CM15-0109122		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old female, who sustained an industrial injury on 08/07/2013. The injured worker complained of neck and back pain. On provider visit dated 04/27/2015 the injured worker has reported low back pain with right leg pain to the heel to the bottom of the foot. On examination of the lumbar spine revealed tenderness. And range of motion was noted as slow and guarded. The diagnoses have included low back pain, and bilateral knee pain. Treatment to date has included medication. The provider requested MRI without GADO lumbar spine. A progress report dated January 15, 2015 indicates that the patient notes tremors in the leg with walking and states that the left leg feels thinner. Physical examination reveals right thigh atrophy and left calf atrophy. The diagnosis is lumbar plexopathy and the treatment plan recommends a neuromuscular clinic referral. A progress report dated March 18, 2015 indicates that the patient has decreased sensation on the medial side of the left thigh. A progress report dated April 27, 2015 states that the patient had a lumbar MRI but did not bring the report. Progress report dated April 30, 2015 states that the request was unable to get the disk from the lumbar MRI to work, and subsequently requests a 2nd MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without GADO lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, it appears the requesting physician has been unable to get the MRI disc to work. There is no indication that the physician has called the imaging center to determine if there is another way to view the MRI images, or see if another disk can be made. In the absence of clarity regarding that issue, the currently requested lumbar MRI is not medically necessary.