

<b>Case Number:</b>	CM15-0017767		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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:

The injured worker is a 39 year old female, who sustained an industrial injury on 11/1/11. She has reported pain in the low back and right shoulder. The diagnoses have included right lower extremity radiculitis and herniated disc at L4-L5 and L5-S1. Treatment to date has included electrodiagnostic studies, right subacromial injections, MRI of the lumbar spine 10/21/14 and oral medications. As of the PR2 dated 12/17/14, the injured worker reported 9/10 pain in the lower back and difficulty sleeping. The treating physician requested an MRI of the lumbar spine. On 1/22/15 Utilization Review non-certified a request for an MRI of the lumbar spine. The utilization review physician cited the MTUS guidelines for low back complaints. On 1/29/15, the injured worker submitted an application for IMR for review of an MRI of the lumbar spine.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRIs (magnetic resonance imaging), low back.

**Decision rationale:** The patient presents with low back pain and right shoulder pain. The current request is for MRI of the lumbar spine. The treating physician states that patient's symptoms are worse due to the cold and wet climate. The patient had an MRI of the lumbar spine performed on 10/21/14 and there are no results provided for review. 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the treating physician has requested a repeat MRI due to persistent right-sided low back pain. The last MRI was performed only two months ago. There has been no documentation provided regarding a significant change in symptoms or significant pathology suspected. The current request is not medically necessary and the recommendation is for denial.