

<b>Case Number:</b>	CM15-0018608		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/15/2003
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 60-year-old female who reported an injury on 08/15/2003. The mechanism of injury was not stated. The current diagnoses include recurrent left L3 and L4 radiculitis, lumbar spondylolisthesis, degenerative disc disease, disc bulging, stenosis and recurrent left radiculopathy. The injured worker presented on 11/18/2014 for a followup evaluation. The injured worker reported low back pain with radiation into the left gluteus and thigh. Symptoms were similar to those which the injured worker experienced on and off since 2008. The current medication regimen includes Vicodin, Robaxin and Valium. The injured worker also utilized Celebrex on a daily basis. Physical examination revealed 60 degree flexion, 20 degree extension, tenderness to palpation, mild left gluteal tenderness, and positive straight leg raise on the left and intact sensation with normal motor strength. Recommendations included a repeat MRI scan of the lumbar spine and a repeat lumbar epidural steroid injection. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar spine without contrast as outpatient:** 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): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there was no documentation of a worsening or progression of symptoms or physical examination. The medical necessity for a repeat MRI has not been established at this time. It was noted that the injured worker's symptoms were consistent with those which she has experienced since 2008. There was no evidence of a motor or sensory deficit upon examination. Given the above, the request is not medically appropriate.