

<b>Case Number:</b>	CM15-0134196		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 33 year old male who sustained an industrial /work injury on 9/15/10. He reported an initial complaint of low back pain with radicular symptoms. The injured worker was diagnosed as having lumbago. Treatment to date includes medication, pain management specialist, diagnostics, and epidural steroid injections (2). MRI results were reported on 2/14/12 that demonstrated disc protrusion at L4-5. Currently, the injured worker complained of low back pain with tingling in the left leg that radiated to the bilateral extremities. Per the primary physician's report (PR-2) on 1/2015, there was decreased sensation in the left L4-5 distribution, normal straight leg raise, and normal motor strength. The requested treatments include MRI of lumbar spine without contrast.

### 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:** 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), 13th Edition (web) 2015, Low Back.

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

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to left lower extremity with similar exam findings. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.