

<b>Case Number:</b>	CM15-0138383		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/26/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

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:

This is a 63 year old female with an August 26, 2007 date of injury. A progress note dated May 28, 2015 documents subjective complaints (pain rated at a level of 10/10 without medications and 7-8/10 with medications), objective findings (tenderness and tightness across the lumbosacral area with no extension due to pain; some hypoesthesia of the bilateral toes), and current diagnoses (L1 compression fracture status post kyphoplasty; osteoarthritis of the spinal facet joint; degeneration of lumbar intervertebral disc). Treatments to date have included kyphoplasty, physical therapy with good benefit, medications, activity restrictions, magnetic resonance imaging of the lumbar spine (December 9, 2007; showed disc bulging, facet hypertrophy, L1 compression fracture, and left sacroiliac joint arthropathy), and rest. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included magnetic resonance imaging without contrast for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast lower back:** Upheld

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

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury in August 2007. An MRI of the lumbar spine in December 2007 included findings of a recent L1 compression fracture. The claimant underwent kyphoplasty in February 2008 and continues to be treated for low back pain. When seen, there had been more than 50% benefit from bilateral facet blocks. There was lumbar tenderness and tightness with decreased range of motion including an absence of lumbar extension due to pain. There was hypoesthesia of the toes bilaterally, present since at least March 2015. Strength and reflexes were normal. Her BMI was over 35. Authorization for a repeat lumbar spine MRI was requested. Guidelines indicate that a 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, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The requested MRI was not medically necessary.