

<b>Case Number:</b>	CM15-0186498		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 37 year old male, who sustained an industrial injury on March 11, 2003. He reported a sharp, shooting pain in his lower back along with pain in his neck, left knee and his abdomen. The injured worker was currently diagnosed as having musculoligamentous strain of the cervical spine, musculoligamentous strain of the lumbar spine, 6-7 mm disc bulge at L5-S1 and internal derangement of the left knee. Treatment to date has included, physical therapy, chiropractic treatment, acupuncture, psychological evaluation, medication, surgery and injections. On August 17, 2015, the injured worker complained of neck pain and tightness, low back pain and left knee pain with popping, locking and giving way. His lumbar spine pain was noted to be increased with prolonged sitting, lifting and bending. Physical examination of the lumbar spine revealed tenderness of the lumbosacral junction, bilateral sacroiliac joints and buttocks. Lumbar spine range of motion was: flexion 40 degrees, extension 10 degrees, right lateral bending 10 degrees and left lateral bending 10 degrees. An x-ray of the lumbar spine revealed narrowing of the intervertebral disc space at L5-S1. The treatment plan included an updated MRI study of the lumbar spine, MR arthrogram of the left knee, re-evaluation follow-up exam and a home exercise program. On September 1, 2015, utilization review denied a request for 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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker sustained a work related injury on March 11, 2003. The medical records provided indicate the diagnosis of musculoligamentous strain of the cervical spine, musculoligamentous strain of the lumbar spine, 6-7 mm disc bulge at L5-S1 and internal derangement of the left knee. Treatment to date has included, physical therapy, chiropractic treatment, acupuncture, psychological evaluation, medication, surgery and injections. The medical records provided for review do not indicate a medical necessity for MRI of the lumbar spine. The MTUS recommends imaging studies in the presence of unequivocal evidence of neurological loss, but in this case MRI has already been done, and there is no evidence from the medical records that the injured worker has developed progressive neurological loss since the previous Lumbar MRI of 2013. Furthermore, the Official Disability Guidelines does not recommend repeat MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The request is not medically necessary.