

<b>Case Number:</b>	CM15-0192685		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

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 36 year old female who sustained an industrial injury on 11-2-2012. A review of medical records indicates the injured worker is being treated for brachial neuritis-radiculitis, unspecified thoracic-lumbar neuritis, cervicgia, and lumbago. Medical records dated 8-21-2015 noted she is still in a lot of pain. There was pain in her neck and pain radiating to the right side of her body. Pain was rated a 9 out 10. Physical examination noted cervical spine range of motion had guarding and pain with spasms on the right. There was tenderness bilateral right greater than left with decreased sensation to the entire left upper extremity. Lumbar range of motion showed guarding and pain. There was a positive straight leg raise. There was decreased sensation to the left lower extremity. MRI of the cervical spine revealed a marked mass effect on the left lateral cord. X-rays of the lumbar spine dated 7-31-2015 was unremarkable. Treatment has included chiropractic care, acupuncture, and massage. Utilization review non-certified 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, MRIs.

**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 chapter/MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a previous updated MRI of the lumbar spine (date unknown) that revealed degenerative disc herniation @ L5-S1 and facet-joint arthritis at L4-5 and L5-S1. There is no rationale for a repeat MRI in the available documentation and there are no appreciable interval changes since the previous MRI, therefore, the request for MRI of the lumbar spine is not medically necessary.