

<b>Case Number:</b>	CM15-0194306		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

This is a 58 year old female with a date of injury on 11-27-00. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain. Progress report dated 9-15-15 reports continued complaints of back pain with radiation to left buttock and leg to the anterolateral thigh and down calf. She had complete relief with the first selective nerve root block and she states the pain is returning. She is scheduled for another tomorrow. Objective findings: motor exam is intact; she has pain with left hip flexion. Treatments include: medication, physical therapy, acupuncture and nerve blocks. Request for authorization dated 9-18-15 was made for MRI lumbar spine without contrast. Utilization review dated 9-25-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** According to the ODG criteria, repeat MRIs are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. In this case, the injured worker has radicular pain. They have had a previous MRI of the lumbar spine. There is no documentation that the patient has had a new injury or new neurologic deficit. The plan is for a repeat epidural steroid injection for chronic pain. The documentation does not support the medical necessity for repeat MRI. Therefore, the request is not medically necessary.