

<b>Case Number:</b>	CM15-0198283		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, North Carolina

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 50-year-old male who sustained an industrial injury 10-12-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbar stenosis. Medical records (07-08-15) reveal the injured worker complains "bitterly" of low back and bilateral hip pain, as well as bilateral leg pain radiating all the way down towards the ankles, with no tingling paresthesias. The physical exam (07-08-15) reveals the injured worker has difficulty rising from a sitting position, and walk with a visible limp on the left side. The lumbar spine range of motion is reduced to less than 30% of normal. Prior treatment includes medications and a prior fusion. The treating provider (01-13-15) reports the MRI of the lumbar spine dated 01/06/15 reveals postoperative changes at the L4-5 level, with no other pathology. The original utilization review (09-16-15), non-certified the request for a MRI of the lumbar spine with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine with and without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 Upper Low Back Repeat MRI.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** CA MTUS/ACOEM Guidelines supports the use of special studies such as MRI in cases where red flags are present. In this case, there is no evidence of re-injury or progressive neurologic deficit to support the request for a repeat lumbar MRI. There is also no documented evidence of a failure of conservative treatment necessitating a repeat MRI. The specific rationale for this study is not provided. It appears that surgery may be a possibility, however there are no new symptoms or physical exam findings to support a repeat MRI. Therefore, the request is not medically necessary or appropriate.