

<b>Case Number:</b>	CM15-0199206		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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:

The injured worker is a 22 year old female, who sustained an industrial injury on 3-21-14. The injured worker has complaints of intermittent to constant severe pain and spasms in her back and right leg. Her back to leg pain ratio is 50 out of 50. Lumbar spine examination noted that the sciatic notch is tender on the right but non-tender on the left. The documentation noted active range of motion is pain free. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included ibuprofen; epidural steroid injection which gave her more pain for two weeks after; physical therapy and chiropractic sessions which helped with her pain temporarily. The documentation on 5-20-15 noted that the injured worker had been to physical therapy times two but felt as though is aggravated her back more. Magnetic resonance imaging (MRI) on 7-8-14 showed a 5 millimeter posterior right paracentral disc protrusion at L5-S1 (sacroiliac) with resultant compression of the right S1 (sacroiliac) nerve root within the spinal canal. The original utilization review (9-11-15) non-certified the request for lumbar spine magnetic resonance imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging - repeat MRI.

**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 injury in March 2014 when she had low back and radiating right lower extremity pain after lifting. An MRI of the lumbar spine in July 2014 showed a right lateralized L5/S1 disc herniation with S1 nerve compression. After treatments including medications, physical therapy, and epidural steroid injections, a microdiscectomy was recommended and declined by the claimant. When seen, she was having low back pain with right lower extremity radiating symptoms. Physical examination findings included diffuse lumbar tenderness with spasms. There was right upper buttock tenderness. There was non-dermatomal left lower extremity sensory hypesthesia and mild bilateral lower extremity weakness. Additional treatment, evaluations, and testing was requested including an updated lumbar spine MRI. Guidelines indicate that a repeat MRI of the lumbar spine 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 claimant has right lower extremity radicular symptoms explained by the prior MRI in July 2014. A repeat MRI is not medically necessary.