

<b>Case Number:</b>	CM15-0201522		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 45-year-old male who sustained an industrial injury on 2-12-2013 and has been seen for headaches, upper, middle and low back pain, left shoulder pain, and pain in his left eye. Diagnoses for the lower back have been disc displacement, protrusion, facet hypertrophy, radiculitis and stenosis, provided through a lumbar MRI provided dated 3-19-2015. Documented treatment includes chiropractic treatment, acupuncture, physical therapy, home exercise, nerve blocks, treatment with a pain management specialist, transforaminal epidural steroid injections with less than 50 percent relief, and medication. On 9-2-2015 the injured worker was complaining of constant, low back pain characterized as dull, achy, sharp, stabbing, throbbing and burning, which was radiating down both legs to the feet with numbness, tingling, weakness, cramping and muscle spasms. He stated symptoms were aggravated by prolonged activities such as looking down, sitting, standing, and walking. Using a VAS measurement, he rated low back pain as 7 out of 10. Objectively, the physician noted painful ranges of motion, L4-S1 tenderness with palpation, Kemp's test resulted in pain, and bilateral straight leg raises were positive. In a pain management consultation dated 8-17-2015, he reported that pain is constant and on that day was 9 out of 10 and had been interfering with activities of daily living. The treating physician's plan of care includes a repeat lumbosacral MRI that was non-certified on 9-11-2015. He is currently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

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

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

**Decision rationale:** The request is for a repeat MRI of the LS spine. CA MTUS/ACOEM Guidelines state that unequivocal objective findings that specific nerve compromise on neurologic exam is sufficient evidence to warrant imaging in patients who do not respond to therapy and would consider surgery an option. The ODG suggests repeat MRI if there is a significant change in symptoms and/or findings suggestive of significant pathology (i.e. tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient had a previous MRI 10 months prior to this request and there is no new evidence or documentation of red flag conditions, including specific nerve compromise or neurocompression to warrant a repeat MRI. Therefore, the request is not medically necessary or appropriate.