

<b>Case Number:</b>	CM15-0204376		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

This is a 52 year old male with a date of injury on 11-22-10. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-18-15 reports complaints of back and leg pain for the past 5 years. There is weakness and muscle spasm. The symptoms are worse with standing, walking, bending forward, bending back and household chores. He reports an episode 6 days ago of right sided leg pain and numbness down his knee that has progressively worsened. Injection on 8-26-15 relieved the leg symptoms. He reports that his back pain is improved by rest and chiropractic treatment. Physical exam: able to walk on heels and toes, no tenderness to palpation, range of motion is full in all planes with no pathologic discomfort or pain. EMG 8-4-11 shows left L2 and L3 radiculopathy. MRI lumbar spine 12-15-10 reveals L2-3 disc bulging, mild facet degenerative changes, mild canal stenosis and mild to moderate bilateral foraminal narrowing. MRI lumbar spine 7-4-20-15 shows extruded L4-5 disc fragment sequestered posterior to the L5 disc body causing severe central stenosis. Treatments include: medication, physical therapy, chiropractic and epidural injections. Request for authorization dated 10-5-15 was made for Repeat MRI of the lumbar spine. Utilization review dated 10-08-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, an MRI of the lumbar spine completed on 12-15-10 revealed L2-3 disc bulging, mild facet degenerative changes, mild canal stenosis and mild to moderate bilateral foraminal narrowing. A second MRI conducted on 7-20-15 shows extruded L4-5 disc fragment sequestered posterior to the L5 disc body causing severe central stenosis. There was an MRI conducted very recently and there have been no interval changes since that MRI. The request for repeat MRI of the lumbar spine is not medically necessary.