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| <b>Case Number:</b>   | CM15-0034717 |                              |            |
| <b>Date Assigned:</b> | 03/03/2015   | <b>Date of Injury:</b>       | 01/20/2011 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 43-year-old male, who sustained an industrial injury on 01/20/2011. The diagnoses have included discogenic cervical condition, discogenic lumbar condition, and impingement syndrome and bicipital tendinitis of the shoulder. Noted treatments to date have included Transcutaneous Electrical Nerve Stimulation Unit, hot/cold wrap, and medications. Diagnostics to date have included MRI of the cervical spine at the end of December, which revealed disc disease at C5-C6, C6-C7, and C7-T1 no evidence of foraminal narrowing and lumbar MRI, which showed disc disease at L3-L4, L4-L5, and L5-S1 per progress note, dated 01/14/2015. In the same progress note, the injured worker presented with complaints of neck, left shoulder, and low back. The treating physician reported the injured worker recently underwent MRI of the cervical spine and previously underwent MRI of the lumbar spine. Utilization Review determination on 01/28/2015 non-certified the request for MRI Lumbar citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRI.

**Decision rationale:** The official disability guidelines indicate that the criteria for an MRI include a complaint of a neurologic deficit or myelopathy. The most recent progress note dated January 14, 2015 does not include any complaints of the lower extremity radiculopathy nor are there any abnormal neurological findings noted on physical examination. Additionally there has been a previous MRI the lumbar spine performed. For these multiple reasons, this request for an MRI the lumbar spine is not medically necessary.