

<b>Case Number:</b>	CM15-0042337		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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:

This 27 year old female sustained an industrial injury to the back on 9/5/08. Previous treatment included physical therapy, massage and medications. In a PR-2 dated 12/16/14, the injured worker complained of pain 4/10 to the mid and low back. The injured worker reported that her pain commonly ranged from 8-9/10. Physical exam was remarkable for tenderness to palpation to the upper lumbar and mid to low thoracic region. The injured worker could forward flex. The physician noted that the injured worker was having progressive mid back pain with extension. Heel and toe stand was intact. Lower extremity strength was 5/5. Current diagnoses included thoracolumbar sprain/strain with motion segment disruption and probable progressing facet arthropathy posttraumatic. The treatment plan included pain management follow-up, massage therapy and magnetic resonance imaging thoracolumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the 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, MRIs (magnetic resonance imaging).

**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 September 2008 and continues to be treated for chronic back pain. The treating provider documents progressive worsening of symptoms with physical examination findings including reproduction of pain with spinal extension. There was a normal neurological examination. The claimant has previously had magnetic resonance imaging of the lumbar spine. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, 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. Therefore, the requested MRI was not medically necessary.