

<b>Case Number:</b>	CM15-0047280		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 48 year old male, who sustained an industrial injury on 04/10/2012. He reported that he was hit by a car and pushed 8-10 feet and landed on his feet and crumpled to his knees and right hand. The injured worker was diagnosed as having low back pain with probable disk herniation and lumbar radiculopathy. Treatment to date has included medication management, lumbar spinal injection, and physical therapy. Previous diagnostic studies included MRI's from 2012 and 2013 Report dated 07/16/2014 noted that the injured worker presented with complaints that included low back pain. Pain level was not included. Physical examination was positive for abnormal findings. Disputed issue included repeat MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar spine Magnetic resonance imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**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 is more than 3 years status post work-related injury and continues to be treated for chronic low back pain. Prior testing has included two MRI scans of the lumbar spine. When seen, the results of the previous scans were not available. The results were subsequently reviewed. There had been no reinjury and the claimant was working without restrictions. 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 pathology. Therefore, the requested MRI was not medically necessary.