

<b>Case Number:</b>	CM15-0047609		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/17/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<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: California, Hawaii  
Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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(n) 65 year old female, who sustained an industrial injury on 6/17/05. She reported pain in the low back. The injured worker was diagnosed as having sacroilitis, post laminectomy syndrome and lumbosacral spondylosis. Treatment to date has included a lumbar radiofrequency ablation and pain medications. As of the PR2 dated 2/26/15, the injured worker reports pain returning in the right sacroiliac joint and left leg numbness. The treating physician noted possible facet based pain on the right. The treating physician requested a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI (magnetic resonance imaging):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient complains of right SI pain coming back according to the 2/24/15 attending physician report. The current request is for a lumbar spine MRI. The attending

physician notes that the patient has symptoms of facet based pain on the right. He notes no new deficit. He recommends a new lumbar MRI, given the facet symptoms. The ODG recommends MRI when certain criteria are met. In this case, there are no physical examination findings suggesting neurological deficits of any kind. There has been no new trauma. Physical examination findings indicated tenderness over the right SI and in the lower lumbar region. There is no documentation of any suspicion of cancer or infection and there is no signs of cauda equine syndrome. The available medical records do not establish any support for an MRI. The attending physician offers no rationale for an MRI scan and fails to explain how an MRI might change the treatment plan. As such, recommendation is not medically necessary.