

<b>Case Number:</b>	CM15-0049820		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 25-year-old female, with a reported date of injury of 07/29/2013. The diagnoses include lumbar spine herniated nucleus pulposus. Treatments to date have included an MRI of the lumbar spine on 11/05/2013, six therapy visits, chiropractic treatment for the back, and electrodiagnostic studies of the lumbar spine and both lower extremities. The progress report dated 01/26/2015 indicates that the injured worker continued to complain of back pain with numbness into the legs. The examination showed spasm and loss of motion. The injured worker also had ongoing numbness and tingling of the bilateral feet. It was noted that the low back pain was dull and achy, which would become sharp and stabbing with increased activities. The pain radiated into the left lower extremity to the left foot. The injured worker complained of weakness with prolonged sitting. An examination of the lumbar spine showed decreased range of motion, positive right straight leg raise test, and decreased sensation of the bottom of the right foot. The treating physician requested an 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:

**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 (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, 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 Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for repeat lumbar MRI, CA MTUS and ACOEM do not specifically address the issue. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flags, new or progressive symptoms/findings, or another clear rationale for repeating the MRI at this time. In the absence of such documentation, the currently requested a repeat lumbar MRI is not medically necessary.