

<b>Case Number:</b>	CM15-0050036		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 76 year old male, who sustained an industrial injury on 09/20/2010. On provider visit dated 12/09/2014 the injured worker has reported low back pain and left anterior aspect of the thigh stopping at the knee pain. The diagnoses have included lumbar spine degenerative disc disease. Treatment to date has included laminectomy, medications, physical therapy, injections, CT of lumbar spine and lumbar spine MRI. The provider requested retrospective MRI of lumbar spine 12/02/2014. A CT of the lumbar spine was certified.

### 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, per 01/20/15 order quantity: 1.00:** 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 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, it appears that MRI was performed prior to the current request, but there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the previous study. Furthermore, there were other pending imaging studies, the results of which may obviate the need for additional testing. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.