

<b>Case Number:</b>	CM15-0056913		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 43-year-old man sustained an industrial injury on 1/20/2011. The mechanism of injury is not detailed. Evaluations include nerve studies in 2012 and lumbar spine MRI dated January 2013. Diagnoses include discogenic cervical condition with facet inflammation and headache, discogenic lumbar condition, impingement syndrome and bicep tendinitis of the left shoulder, depression, and chronic pain. Treatment has included oral medications and surgical intervention. Physician notes dated 2/19/2015 show continued complaints of low back pain with muscle spasms and associated depression, anxiety, and insomnia. Recommendations include Wellbutrin, Norco, Gabapentin, lumbar spine MRI, psychiatric consultation, and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast - lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury in January 2001 and continues to be treated for low back pain. An MRI of the lumbar spine was done in January 2013. When seen, there was lumbar paraspinal muscle tenderness with positive facet loading and low back pain with Milgram's testing. 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.