

<b>Case Number:</b>	CM15-0083393		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Preventive Medicine, Occupational Medicine

### 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) 52 year old male, who sustained an industrial injury on 5/17/11. He reported pain in his neck and lower back. The injured worker was diagnosed as having radiculitis, lumbar disc disorder without myelopathy and spinal stenosis. Treatment to date has included a sacroiliac joint injection on 5/2/14 with no relief, a lumbar MRI, Norco and OxyContin. As of the PR2 dated 4/2/15, the injured worker reports back pain that is exacerbated by walking and all physical activity. He rates his pain a 6/10 in the lower back that radiates to the right leg. The treating physician noted the previous MRI showed an annular tear at L5-S1 and L2-L3. The treating physician requested a repeat MRI of the lumbar spine with contrast for further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI Lumbar Spine with Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker has had a previous MRI for the same complaint and has had no change in signs or symptoms. There is no objective evidence of further neurological deficit. The request for repeat MRI lumbar spine with contrast is determined to not be medically necessary.