

<b>Case Number:</b>	CM15-0084513		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/05/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 42 year old male, who sustained an industrial injury on 11/16/2009. He has reported subsequent low back and lower extremity pain and was diagnosed with failed back surgery syndrome, low back pain, left lower extremity radiculopathy, lumbar spondylosis and myofascial pain syndrome. Treatment to date has included oral pain medication, physical therapy, acupuncture, TENS unit and surgery. In a progress note dated 01/05/2015, the injured worker complained of constant low back pain radiating to the left leg. Objective findings were notable for an antalgic gait, mild tenderness to palpation of the L5 spinous process, moderate tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints and decreased range of motion of the lumbar spine with spasm and guarding with flexion. A request for authorization of an MRI of the lumbar spine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. In this case, an MRI of lumbar spine was previously performed on 11/14/2014. The record does not document any substantial change in the examination findings since that MRI. A repeat MRI is not medically necessary.