

<b>Case Number:</b>	CM15-0086168		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Connecticut, California, Virginia  
 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:

This 48 year old man sustained an industrial injury on 8/2/2013. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain/strain rule out radiculitis/radiculopathy, cervical spine sprain/strain rule out radiculitis/radiculopathy, bilateral knee sprain/strain internal derangement, bilateral ankle sprain/strain rule out internal derangement, cephalgia, gout, bilateral inguinal hernias, and sleep disorder. Treatment has included oral medications. Physician notes dated 1/27/2015 show complaints of neck pain with radicular symptoms, low back pain with radicular symptoms, bilateral knee pain, and bilateral foot/ankle pain. Recommendations include electromyogram/nerve conduction velocity of the bilateral lower extremities, lumbar spine MRI, bilateral knee MRI arthrogram, bilateral ankle MRI, ultrasound guided cortisone injection of the bilateral knees, continue physical therapy, general surgery consultation, neurological evaluation, use of a cane, LidoKeto cream, compound cream, Lidoderm patches, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for repeat MRI is not supported by the provided documents. There is no objective evidence to support an interval change that warrants a repeat study (last MRI was in Feb 2015). The 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Previous MRIs have provided insight into the patient's current anatomy and repeat imaging is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI (retrospective) at this time is not medically necessary per the guidelines.