

<b>Case Number:</b>	CM14-0140513		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 36 y/o female who developed persistent neck and low back pain subsequent to an injury dated 5/01/13. She initially was reported have radiating pain into the upper extremities with diminished sensation in the C6 distribution. Subsequent MRI studies of the neck, electrodiagnostic studies, and evaluation by a Physiatrist did not find any anatomical or physiologic evidence of a radiculopathy. By 7/5/14, the primary treating physician stated that there was no leg radiation, weakness, or numbness. Subsequent evaluations have stated that there was occasional leg radiation. The treating physician reported on 4/21/14 that the patient has had a prior lumbar MRI and that the patient has stated she will bring in the results. In June 14, it is documented that she keeps forgetting to bring in the prior MRI results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, MRIs (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging

**Decision rationale:** MTUS Guidelines support lumbar imaging if red flag conditions are present and/or there is increasing neurological signs and symptoms. It is clearly documented that her subjective complaints of leg radiation have improved over time. In addition, ODG Guidelines do not recommend repeat lumbar MRI studies without a clear-cut change in condition. This patient has had a previous lumbar MRI and there is no evidence of any significant changes since that time. It is not clear why the treating physician has not discovered the location of testing for the prior lumbar MRI and requested a copy of the films and/or report. There are no unusual circumstances to justify an exception to Guidelines. The requested Lumbar MRI is not medically necessary.