

<b>Case Number:</b>	CM14-0160784		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 34-year-old female who sustained an injury on 1/10/2012 while doing an acrobatic technique. As a result of the injury the patient has been diagnosed with chronic back pain, right knee and right rib pain, multilevel thoracic and lumbar degenerative changes and left knee patellar bursitis. The patient had an MRI of her lumbar spine on 3/14/2012 that revealed degenerative changes with mild central and lateral recess stenosis at multiple levels. There is no evidence of neural compromise. A progress report note of 4/11/2014 states the patient is getting worse. Her back pain is 9/10. She states that the pain radiates to her left hip and lower extremity. She has pain related decreased range of motion of the lumbar spine. Her straight leg raise causes pain to radiate to the posterior thigh. She has decreased strength bilaterally at L4, L5 and S1 were decreased sensation at L4. A progress note of August 13, 2013 describes low back pain with numbness and tingling in the legs. August 9, 2013 the patient was described as having a positive straight leg raise bilaterally. A progress note of 8/6/2014 reiterates the positive straight leg raise, weakness in the legs, and sensory changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178; 303. Decision

based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI; Neck and Upper Back Chapter, MRI

**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 pain, MRI

**Decision rationale:** The CA MTUS guidelines do not specifically address repeat MRIs. The ODG states that it is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology such as tumor, infection, fracture, neural compromise, and recurrent disc herniation. This patient's original MRI showed degenerative disc disease with mild stenosis. This patient has had a positive straight leg raise which is unchanged. She allegedly has weakness in her legs and sensory changes which have been present for several months and are unchanged. There has been no significant change in her symptoms or signs. Therefore, since there has been no significant change, the medical necessity for repeat MRI has not been established.