

<b>Case Number:</b>	CM14-0080414		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 39-year-old male who reported an injury on 10/26/2011. The mechanism of injury was the injured worker was pulling a cart and twisted his hip. The medications were not provided. The injured worker had a spinal fusion in 2012 and a postoperative MRI in 12/2012. Additionally, the injured worker was noted to have a CT scan of the lumbar spine on 12/02/2013 and an x-ray of the lumbar spine on 07/25/2013. The documentation indicated the CT scan revealed at the level of L5-S1 disc space, there was a 4 mm anterolisthesis interpedicular screw and stabilization rod that were in place. There was underlying spondylosis. At the level of L4-5, there was a 2 mm disc bulge in the annulus without central or foraminal stenosis. The injured worker was noted to undergo urine drug screens. The documentation of 03/21/2014 revealed the injured worker's pain was 5/10. The injured worker had leg pain that was getting worse daily. The injured worker had bilateral buttocks pain. The pain traveled from the left buttock to the left foot. The injured worker had left lower extremity numbness and right lower extremity weakness. The documentation indicated that pain management may not be the injured worker's ultimate answer and if no further surgery was to be contemplated, the injured worker could receive an impairment rating. There was no Request for Authorization or physician note specifically requesting a repeat MRI of the lumbar spine without dye.

### 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 12 Low Back Complaints Page(s): 303.

**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 Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The Official Disability Guidelines indicate that repeat MRIs are appropriate if there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI that was postsurgical in 12/2012. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology. Given the above, the request for an MRI of the lumbar spine without dye is not medically necessary.