

<b>Case Number:</b>	CM14-0084295		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on July 14, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 29, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco, Motrin, Cymbalta, and Biofreeze. The physical examination demonstrated a slight antalgic gait, decreased range of motion of the lumbar spine secondary to pain, and tenderness over the lumbar spine paraspinal muscles. There was a positive right-sided straight leg raise test and decreased sensation at the anterior aspect of the right thigh. Diagnostic imaging studies of the lumbar spine performed on December 1, 2008 revealed multilevel degenerative disc disease and facet arthrosis. There was also spondylolisthesis noted at L5 - S1. Nerve conduction studies noted bilateral L4 and L5 nerve root irritation. Previous treatment includes physical therapy, home exercise, and epidural steroid injections. A request had been made for an MRI the lumbar spine and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar and Thoracic, MRI, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines a repeat MRI of the lumbar spine is not recommended unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The progress note dated July 29, 2014, does not indicate significant changes in signs or symptoms compared to prior. Considering this, the request for an MRI the lumbar spine is not medically necessary.