

<b>Case Number:</b>	CM14-0090076		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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:

The patient is a 29 year old male who was injured on 07/03/2007 while he was attempting to move material with his foot when he developed back pain. The patient underwent lumbar surgery in 2009 and hardware removal in 2013. Progress report dated 05/13/2014 states the patient presented with complaints of low back pain and leg pain. He reported neck and elbow pain as well. The pain radiates to bilateral lower extremities with a pain rating of 8/10 and increases with activity. Objective findings on exam revealed tenderness to palpation of the cervical spine over C3-C7. Range of motion is limited in all directions with tightness and stiffness. He has palpable trigger points in the muscles of the head and neck. He has tenderness over the lumbar facets with pain on both sides at L2 to S1. Straight leg raise on the right to 60 degrees; left straight leg raise to 60 degrees. He has decreased sensation of the left arm. Deep tendon reflexes are 2/4; 1/4 in left Achilles. The patient is diagnosed to have lumbosacral neuritis or radiculitis; degeneration of lumbar or lumbosacral intervertebral disc; sacroilitis; myalgia and myositis; neck sprain and strain; cervicgia; headache. The patient has been recommended for a MRI of the lumbar spine. Prior utilization review dated 06/05/2014 states the request for MRI lumbar spine with GAD is denied due to lack of evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine With GAD:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies and Diagnostic and Treatment Considerations, page(s) 303-305 Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** According to MTUS and ODG guidelines, repeat lumbar MRI is only recommended for a significant change in symptoms or exam findings suggestive of significant pathology. This is a request for repeat lumbar MRI for a 29-year-old male injured on 7/3/07 status post lumbar fusion in 2009 and hardware removal in January of 2013. Lower extremity EMG/NCS on 10/10/13 was normal despite complaints of low back pain with radicular pain into the feet, numbness in the feet, and weakness of the legs along with bilateral hip, knee and ankle pain. On 10/18/13 the patient had a QME reevaluation with impairment rating. On 5/13/14 a request is made for repeat lumbar MRI with gadolinium contrast to rule out disc herniation and arthritis of the spine. However, medical records fail to establish significant interval change in symptoms or examination findings. There is no mention of interval injury. The patient is noted to have pain radiating to the bilateral lower extremities. Further details are not provided. On exam the left Achilles reflex is absent versus 1 on the right. However sensation is intact. Strength is not documented. Medical necessity is not established for repeat MRI.