

<b>Case Number:</b>	CM14-0211547		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old male who reported an injury on 08/26/2014. The mechanism of injury was not provided for review. His diagnosis was noted to include lumbar strain. The injured worker's past treatments were noted to include physical therapy, home exercise program, and medication. Diagnostic studies were noted to include an x-ray of the lumbar spine performed on 09/18/2014 which was noted to reveal paravertebral alignment was normal. There was no fracture or spondylolisthesis. Disc height was maintained and the pedicles were intact. The documentation of 09/18/2014 indicated that the injured worker had less pain with back extension. The deep tendon reflexes were +1 at the right knee and +2 at the left knee. Sensation was grossly normal. The diagnoses included lumbar radiculopathy. The request was made for an MRI of the lumbar spine, given some weakness in the quadriceps, pain in the L4 distribution, and decreased reflex at the right knee. Per the most recent clinical note dated 12/03/2014, it was noted that the injured worker presented with frequent 5/10 scale low back pain with intermittent pain radiating to the right foot. The injured worker occasionally takes ibuprofen and Tylenol for pain, but was taking gabapentin daily which helped some. He attended 6/6 visits of physical therapy and was now doing daily home exercises. The injured worker noted the pain was located in the low back bilaterally. The pain was intermittent. He described the pain as sharp, dull, and aching in nature. He described this as moderate severity, a current pain level is 5/10. The pain radiated to the great toe and right lateral foot. Associated symptoms included back stiffness. Exacerbating factors included bending, sitting, and standing, twisting and walking. Alleviating factors were rest. Upon physical examination, the injured worker had tenderness to level 1 to 6

lumbar spine and limited range of motion in all planes. Neurovascular function was intact and the injured worker had a positive straight leg raise. The injured worker had a slight limp to the right leg and cranial nerves were grossly intact. The injured worker's current medications were noted to include Tylenol, ibuprofen, and gabapentin. The injured worker's treatment plan consisted of a repeat MRI to the lumbar spine without contrast. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat MRI, lumbar spine, right, 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, Magnetic Resonance Imaging (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, MRIs (magnetic resonance imaging)

**Decision rationale:** The Official Disability Guidelines indicate that repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. The original request was on 09/24/2014. The clinical documentation submitted for review indicated the injured worker had deep tendon reflex of +1 at the right knee. The injured worker had tenderness to palpation in the right lower lumbar region. Sensation was grossly intact. There was a lack of documentation indicating a necessity for a repeat MRI. Additionally, the prior diagnostic study was not provided for review. Given the above, the request for repeat MRI, lumbar spine, right, without contrast is not medically necessary.