

<b>Case Number:</b>	CM14-0217544		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/26/1995
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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

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:

This 68 year old reportedly sustained a work related injury on June 26, 1995. Diagnoses include degenerative lumbar disc, spinal stenosis and osteoarthritis of leg. Primary treating physician visit dated November 17, 2014 provides the injured worker has back pain that comes and goes. Pain is rated 2-5/10 with one flare up a year that is debilitating lasting a few weeks. Physical exam notes lumbar extension is normal and flexion is decreased at 40 degrees. There is slight tenderness in the left sciatic notch. He is permanent and stationary and not working. Visit dated December 3, 2014 notes the injured worker returns due to right sided low back, right groin and hip pain rated 9-10/10. He describes it as excruciating. Assessment is for flare up of back pain with recommendation for magnetic resonance imaging (MRI). On December 15, 2014 utilization review denied a request received December 11, 2014 for magnetic resonance imaging (MRI) lumbar spine. Medical Treatment Utilization Schedule (MTUS) low back guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** 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 Low back chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** The patient presents with right sided low back pain which radiates to right groin and hip. The request is for 1 MRI LUMBAR SPINE QTY 1.00. Patient's diagnosis on 12/03/14 include lumbosacral spondylosis without myelopathy. Patient is retired. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per 12/03/14 progress report, treater is requesting a lumbar MRI but does not provide a reason for the request. Based on progress report dated 12/03/14, patient does not present with radicular symptoms and physical examination findings were unremarkable. Patient has had MRI of the lumbar spine on 03/21/11. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.