

<b>Case Number:</b>	CM15-0008917		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

The injured worker is a 49-year-old male who reported injury on 07/02/2010. The mechanism of injury was noted to be the injured worker was going down the stairs in a house they were working on and carrying an air compressor, and stepped with the right leg, down the stairs, and twisted his foot and upper body and immediately felt pain in his low back. The injured worker was noted to undergo multiple MRIs. The injured worker underwent bilateral hip replacements. Prior therapies were not provided. The documentation of 12/12/2014 revealed the injured worker was having GI issues. The injured worker had back pain. The physical examination revealed full range of motion and primarily lumbar tenderness in the paravertebral muscles. The physician opined the injured worker should utilize naproxen. The diagnoses included contusion right foot, right ingrown toenail, status post bilateral hip replacements, moderate to severe lumbar disc disease with axial discomfort with no obvious evidence of radiculopathy and recent fungal infection with GI irritation. With respect to the lumbar spine, it was indicated the injured worker was doing too well to consider any type of lumbar fusion operation. The physician opined the injured worker would benefit from a course of therapy and lumbar hamstring stretches, as well as medications including Lyrica or Neurontin. The physician further opined it was not unreasonable to consider a repeat MRI of the lumbar spine to see if the injured worker would benefit from a lumbar epidural steroid injection, particularly if there was significant neural foraminal compromise at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic ( Acute & Chronic)

**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, MRIs (magnetic resonance imaging)

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is recommended when there is a significant change in the symptoms or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had undergone multiple MRIs. The documentation failed to indicate the injured worker had a significant change in symptoms or findings of significant pathology as the physician indicated the request was made to see if the injured worker would benefit from an epidural steroid injection. Given the above and the lack of documentation, the request for repeat MRI of the lumbar spine is not medically necessary.